Case 17-	13219-mkn D	oc 1 Entered	06/15/17 09:25:50	Page 1 of 69
				. age = ev ee
Fill in this information to identif	fy your case:			
United States Bankruptcy Court for	or the			RECEIVED AND FILED
District of Nevada	<i>7.</i> u.c.			ANUFILED
District of 14c4ada			2017 1	UN 15 AM 9:16
Case number (# known):		apter you are filing unde Chapter 7		• •
		Chapter 11	U.S.BA	MKRUPTOY CONDT
		Chapter 12 Chapter 13	MARY,	MKRUPTOY COURT A. SOLD Check in this is an
	_	oraștor ro		amended filing
Official Form 101				
Voluntary Peti	tion for In	dividuals l	Filing for Ban	kruptcy 12/15
same person must be Debtor 1 in Be as complete and accurate as information. If more space is nee (if known). Answer every question Part 1: Identify Yourself	possible. If two married ded, attach a separate	t people are filing toge sheet to this form. On	ther, both are equally respon the top of any additional pag	sible for supplying correct es, write your name and case numb
rate in Identity Foursein				
1. Your full name	About Debtor 1:		About Debtor 2	(Spouse Only in a Joint Case):
Write the name that is on your government-issued picture				
identification (for example,	Catrina			
	Catrina First name	********	First name	
identification (for example, your driver's license or passport).	First name Middle name		First name Middle name	
your driver's license or passport). Bring your picture	First name Middle name Franklin		Middle name	
your driver's license or passport).	First name Middle name			
your driver's license or passport). Bring your picture identification to your meeting	First name Middle name Franklin		Middle name	I)
your driver's license or passport). Bring your picture identification to your meeting	First name Middle name Franklin Last name		Middle name Last name	1)
your driver's license or passport). Bring your picture identification to your meeting	First name Middle name Franklin Last name		Middle name Last name	1)

Include your married or maiden names.

First name	First name
Middle name	Middle name
Franklin Last name	
Last name	Last name
Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
First name	First name
Middle name	Middle name
Last name	Last name
First name	First name
Middle name	Middle name
Last name	Last name
xxx - xx - 2 9 0 1	xxx - xx
OR	OR
9 xx - xx	9 xx - xx

3. Only the last 4 digits of your Social Security number or federal **Individual Taxpayer** Identification number (ITIN)

XXX	_	ХХ	 	
OR				
9 xx	_	xx	 	

Debt	or 1 Catrina First Name Middle Na	Franklin Last Name			Case number (if known)	· · · · · · · · · · · · · · · · · · ·	
	the second state of the second se	santan nasar na maran sa		and the second of	en e	, e.m., e.e.tr. zvednom i Stoponov ijavanita .	Wagner Land Co. N. C.
		About Debtor 1:			About Debtor 2 (Sp	pouse Only in a Joint	Case):
i	Any business names and Employer Identification Numbers (EIN) you have used in	I have not used any bu	siness names o	r EINs.	☐ I have not used	any business names o	r EINs.
	the last 8 years	Business name			Business name		
	Include trade names and doing business as names	Business name			Business name		
		EIN			EIN — - — —		
		EIN			EIN — ~ — —		
5. \	Where you live	The material and an entire and a facility of the stage of the grant of the stage of	enger and pure for the control of th	ispeninkana na uga ejindogi i	ff Debtor 2 lives at	a different address:	andress (1866) and the second
		3170 Orangewood L	.n				
		Number Street			Number Street		
		N. Las Vegas	NV State	89030 ZIP Code	City	State	ZIP Code
		Clark			•		
		County			County		
		If your mailing address is above, fill it in here. Note any notices to you at this n	that the court v	vill send		ng address is different • Note that the court was nailing address.	
		Number Street			Number Street		
		P.O. Box			P.O. Box	A. (A. (A. (A. (A. (A. (A. (A. (A. (A. (
		City	State	ZIP Code	City	State	ZIP Code
	Why you are choosing this district to file for	Check one:			Check one:		
	bankruptcy	Over the last 180 days I have lived in this distr other district.	before filing this ict longer than i	s petition, n any	Over the last 180 I have lived in thi other district.	0 days before filing this is district longer than in	s petition, n any
		☐ I have another reason. (See 28 U.S.C. § 1408			l have another re (See 28 U.S.C. §	eason. Explain. § 1408.)	

						V141	

Det	otor 1 <u>Catrina</u>		Franklin			Case number (if kn	iown)
	First Name Middle Nam	ne	Last Name				
Pa	rt 2: Tell the Court Abou	nt Your Ba	ankruptcy	Case			
7.	The chapter of the Bankruptcy Code you			ef description of eac 2010)). Also, go to t			U.S.C. § 342(b) for Individuals Filing e appropriate box.
	are choosing to file under	☑ Chap	oter 7				
		☐ Chap	oter 11				
		☐ Chap	oter 12				
		☐ Chap	oter 13				
8.	How you will pay the fee	local yours subn with	court for m self, you ma nitting your a pre-printe	ore details about ay pay with cash, payment on your ad address.	how you m cashier's d behalf, you	ay pay. Typicall heck, or money ir attorney may j	eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check
							nts (Official Form 103A).
		By la less pay t	w, a judge : than 150% the fee in in	may, but is not re- of the official pove stallments). If you	quired to, verty line that is choose the	vaive your fee, a at applies to you is option, you m	ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the Application to Have the with your petition.
9.	Have you filed for	☑ No					
	bankruptcy within the last 8 years?		District		When		Case number
	not o years:					MM / DD / YYYY	
			District		When	MM / DD / YYYY	Case number
			District		When	MM / DD / YYYY	Case number
10.	Are any bankruptcy cases pending or being	☑ No					
	filed by a spouse who is	☐ Yes.	Debtor				Relationship to you
	not filing this case with you, or by a business partner, or by an affiliate?		District		When	MM / DD / YYYY	Case number, if known
			Debtor				_ Relationship to you
			District		When	MM / DD / YYYY	Case number, if known
11.	Do you rent your residence?	☐ No. ☑ Yes.	residence? No. Go Yes. Fill	ndlord obtained an o			and do you want to stay in your t Against You (Form 101A) and file it with

Debtor 1	Catrina		Franklin		Case num	niber (if known)	
	First Name Middle Nam	ne	Last Name				
Part 3	Penort Shout Any 5	lucinose	es You Own as a So	lo Bronzieta			
	The port About Ally E	-	- Tou Own as a 50	e rroprieto	· · · · · · · · · · · · · · · · · · ·		
40 Am	. vou a polo proprietor	[7]					
	you a sole proprietor any full- or part-time	VZI No. (Go to Part 4.				
	siness?	Yes.	Name and location of bu	siness			
	ole proprietorship is a						
	iness you operate as an vidual, and is not a		Name of business, if any				
	arate legal entity such as		•				
a co	rporation, partnership, or		Number Street				
LLC			Walliot, Olice				
	u have more than one proprietorship, use a						
sepa	arate sheet and attach it						
to th	is petition.		City			State ZIP Cod	le
			Check the appropriate b	ox to describe	your business:		
			☐ Health Care Busines	s (as defined	in 11 U.S.C. § 10°	1(27A))	
			☐ Single Asset Real Es				
			☐ Stockbroker (as defin	•	_	101(012))	
			☐ Commodity Broker (a			, ,	
			_	as defined in 1	10.5.0.9 101(6)	"	
			None of the above				
_							
	you filing under specified the	If you ar	e filing under Chapter 11 appropriate deadlines. If	, the court mu	st know whether y	ou are a small bus	iness debtor so that it
	rkruptcy Code and	most rec	cent balance sheet, state	ment of operat	tions, cash-flow st	atement, and feder	ral income tax return or if
	you a small business	any of th	nese documents do not e	xist, follow the	procedure in 11 l	J.S.C. § 1116(1)(B)).
deb	otor?	□ No.	I am not filing under Cha	nter 11			
	a definition of small iness debtor, see						
	J.S.C. § 101(51D).	□ No.	I am filing under Chapter the Bankruptcy Code.	11, but I am i	NOT a small busir	ness debtor accordi	ing to the definition in
				. 44 4 1		d-64	and a few sections
		□ 165.	I am filing under Chapter Bankruptcy Code.	iiano iam	a small business o	sebtor according to	the definition in the
	_		, ,				
Part 4:	Report if You Own	or Have	Any Hazardous Prop	erty or Any	Property That	Needs Immedia	ate Attention
			-				
14. Do 1	you own or have any	Z No					
pro	perty that poses or is						
	ged to pose a threat	☐ Yes.	What is the hazard?				
	mminent and ntifiable hazard to						
	lic health or safety?						
-	do you own any						
	perty that needs		If immediate attention is	s needed who	is it needed?		
	nediate attention?		ii iiiiiioooto uttoriaori k	o necoca, wiij	is it record:		10.00
	example, do you own shable goods, or livestock						
	must be fed, or a building						
that	needs urgent repairs?						
			Where is the property?	November -	Change		
				Number	Street		
				City		Sta	ate ZIP Code
				-			

Debtor 1

Catrina

Franklin

Case number (it known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Debtor	1:
-------	--------	----

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

u	I am not required to receive a briefing about	
	credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not	required	to	receive	a	briefing	about
		ounselind					

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-13219-mkn Doc 1 Entered 06/15/17 09:25:50 Page 6 of 69

Debto	or 1 <u>Catrina</u> First Name Middle Name	Franklin Last Name	Case number (if know	MT)			
		f D4i D					
Par	Answer These Ques	tions for Reporting Purpos	ses				
	What kind of debts do		rily consumer debts? Consumer debtual primarily for a personal, family, or hous				
,	,	No. Go to line 16b. Yes. Go to line 17.					
			arily business debts? Business debts anvestment or through the operation of the				
		No. Go to line 16c.☐ Yes. Go to line 17.					
		16c. State the type of debts yo	ou owe that are not consumer debts or bus	iness debts.			
17. /	Are you filing under						
	Chapter 7?	No. I am not filing under C	•				
a	Do you estimate that after any exempt property is	Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
-	excluded and administrative expenses	☑ No					
á	are paid that funds will be available for distribution to unsecured creditors?	☐ Yes	N. A. C.	2 L. (22 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15			
	low many creditors do	1-49	1,000-5,000	25,001-50,000			
	ou estimate that you we?	☐ 50-99 ☐ 100-199	5,001-10,000 10,001-25,000	50,001-100,000 More than 100,000			
		200-999	10,001 25,000	— More Blair 100,000			
19. I	low much do you	2 \$0-\$50,000	☐ \$1,000,001-\$10 million	□ \$500,000,001-\$1 billion			
	estimate your assets to	\$50,001-\$100,000	= \$10,000,001-\$50 million	\$1,000,000,001-\$10 billion			
	pe worth?	\$100,001-\$500,000	\$50,000,001-\$100 million	\$10,000,000,001-\$50 billion			
	and the state of t	□ \$500,001-\$1 million	■ \$100,000,001-\$500 million	☐ More than \$50 billion			
	low much do you	\$0-\$50 ,000	□ \$1,000,001-\$10 million	□ \$500,000,001-\$1 billion			
	estimate your liabilities to be?	\$50,001-\$100,000	☐ \$10,000,001-\$50 million	\$1,000,000,001-\$10 billion			
	o be?	\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million \$100,000,001-\$500 million	□ \$10,000,000,001-\$50 billion □ More than \$50 billion			
Par	17: Sign Below	□ \$500,001-\$1 million	□ \$100,000,001-\$500 million	More than \$50 billion			
_	you	I have examined this petition, a correct.	and I declare under penalty of perjury that	the information provided is true and			
		If I have chosen to file under C	Chapter 7, I am aware that I may proceed, . I understand the relief available under ea				
			nd I did not pay or agree to pay someone d and read the notice required by 11 U.S.C	• ,			
		I request relief in accordance v	with the chapter of title 11, United States C	Code, specified in this petition.			
			sult in fines up to \$250,000, or imprisonme	money or property by fraud in connection ent for up to 20 years, or both.			
		*Catring }	PanQ. x				
		Signature of Debtor 1	Signatur	e of Debtor 2			
		Executed on 05/13/201	7 Executed	d on			

Debtor 1	<u>Catrina</u>	<u>Franklin</u>	Case number (if known)_	
	First Name Middle Nam	ne Last Name		
•	attorney, if you are ted by one	I, the attorney for the debtor(s) named in to proceed under Chapter 7, 11, 12, or 13 available under each chapter for which the notice required by 11 U.S.C. § 342(b)	of title 11, United States Code, are person is eligible. I also certify the	nd have explained the relief nat I have delivered to the debtor(s)
If you are not represented by an attorney, you do not need to file this page.	knowledge after an inquiry that the information	ation in the schedules filed with the	e petition is incorrect.	
		Signature of Attorney for Debtor	bate	MM / DD /YYYY
		Printed name		
		Firm name		
		Number Street		
		City	State	ZIP Code
		Contact phone	Email address	3
				_
		Bar number	State	

Debtor 1 Catrina Franklin Case number (# known)_____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

be familiar with any state exemption laws that	i appry.
Are you aware that filing for bankruptcy is a sconsequences?	erious action with long-term financial and legal
□ No ☑ Yes	
Are you aware that bankruptcy fraud is a serion inaccurate or incomplete, you could be fined or	ous crime and that if your bankruptcy forms are or imprisoned?
□ No ☑ Yes	
Did you pay or agree to pay someone who is No	not an attorney to help you fill out your bankruptcy forms?
☐ Yes. Name of Person	Notice, Declaration, and Signature (Official Form 119).
	tand the risks involved in filing without an attorney. I am aware that filing a bankruptcy case without an property if I do not properly handle the case.
*Catrini Ino.	*
Signature of Debtor 1	Signature of Debtor 2
Date <u>05/13/2017</u> MM / DD / YYYY	Date MM / DD / YYYY
Contact phone <u>(702)</u> 582-1833	Contact phone
Cell phone	Cell phone
Email address	Email address

Certificate Number: 15725-NV-CC-029414209

15735 NV CC 000414200

ia Franklini

Establiques

CERTIFICATE OF COUNSELING

I CERTIFY that on June 13, 2017, at 3:10 o'clock PM EDT, Catrina Franklin received from 001 Debtorce, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 13, 2017

By: /s/Akash Nayee

Name: Akash Nayee

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Fill in this is	formation to identify					
ran in this ir	nformation to identify	your case.				
Debtor 1	Catrina First Name	Franklin Middle Name	Last Name			
Debtor 2	FWSt Name	MICOSE Name	Last Name			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	District of Nevada				
Case number			_		☐ Ch	eck if this is an
	(If known)				an	nended filing
065-1-1	4000···					
	Form 106Sur					
Summa	ry of Your A	ssets and Lial	bilities and Ce	rtain Statistical Info	rmatio	n 12/15
Be as comple	te and accurate as p	ossible. If two married	people are filing together	r, both are equally responsible for s	supplying co	orrect
			plete the information on t is check the box at the top	this form. If you are filing amended n of this name	schedules	after you file
your original	romo, you must m	out a new commany and	. Oncor are nor at the to	p or allo page.		
Part 1: St	ummarize Your As	sets				
						
					Your asse	
4 0-1	A/D: D	F 4004/D)			value of w	hat you own
	<i>VB: Property</i> (Official ne 55. Total real estat	•			\$	0.00
та. Обру н	ne so, roui rearesur	c, nom concurs 795	***************************************	••••••		
1b. Copy li	ne 62, Total personal	property, from Schedule	A/B		\$	225.00
1c. Copy li	ne 63, Total of all prop	erty on Schedule A/B			s	225.00
Part 2: St	ummarize Your Lia	ıbilities				
<u>. </u>						
					Your liab	ilities
					Amount y	ou owe
2. Schedule i	D: Creditors Who Have	e Claims Secured by Prop	perty (Official Form 106D)			0.00
2a. Copy to	he total you listed in C	olumn A, Amount of clain	n, at the bottom of the last	page of Part 1 of Schedule D	\$	0.00
3 Schedule I	F/F: Creditors Who Ha	ave Unsecured Claims (Of	fficial Form 106F/F)			
		,	•	edule E/F	\$	
2h Comut	ha tatal alaime from D	nd 2 (nappriority unpocure	ad alaims) from line Si of S	Cchedule E/F		
SU. COPY II	ne total clarits iron Fa	at 2 (nonpriority unsecure	su classis) iroin line of or 3	Chedule D1	+ \$	31,087.64
					•	04 007 04
				Your total liabilities	\$	31,087.64
Part 3: Si	ummarize Your Inc	come and Expenses				
					-	
	I: Your Income (Officia	•	and the desired		\$	1,992.35
Copy your	combined monthly in	come from line 12 of Sche	3aule 1		*	-
5. Schedule	J: Your Expenses (Off	icial Form 106J)				1 000 00
Copy your	r monthly expenses fro	om line 22c of Schedule J			\$	1,990.00

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Det	otor 1	Catrina First Name Midd	Franklin te Name Last Name	Cas	e number (if known)	
Pa	rt 4:		Questions for Administrative an	d Statistical Records		
6.	Are yo	u filing for bankrup	ptcy under Chapters 7, 11, or 13?			
	☐ No. ☑ Yes		o report on this part of the form. Check	this box and submit this for	rm to the court with your othe	er schedules.
7.	What k	and of debt do you	have?			
			rity consumer debts. Consumer debts irpose." 11 U.S.C. § 101(8). Fill out line			onal,
			imarily consumer debts. You have no ith your other schedules.	othing to report on this part	of the form. Check this box a	nd submit
8.			our Current Monthly Income: Copy yo Form 122B Line 11; OR , Form 122C-1		ome from Official	\$2,329.47
9.	Copy t	he following specia	al categories of claims from Part 4, li	ne 6 of Schedule E/F:	Total claim	
	From	n Part 4 on Sc <i>hedul</i>	le E/F, copy the following:			
	9a. Do	mestic support obliga	ations (Copy line 6a.)		\$	
	9b. Tax	xes and certain other	r debts you owe the government. (Cop	y line 6b.)	\$	
	9c. Cla	ims for death or pers	sonal injury while you were intoxicated	(Copy line 6c.)	\$	
	9d. Stu	ident loans. (Copy lìr	ne 6f.)		\$	
		ligations arising out ority claims. (Copy lin	of a separation agreement or divorce tine 6g.)	nat you did not report as	\$	
	9f. De	bts to pension or pro	ofit-sharing plans, and other similar deb	ts. (Copy line 6h.)	+ \$	
	9g. To	tal. Add lines 9a thro	ough 9f.		\$0.00	

Fill in this information to identify your case and this	s filing:		
Parter 1 Catrina	Franklin		
Debtor 1 First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: District of Nevada			
United States bankrupicy Count for the. District of Nevada			
Case number			Check if this is an
		_	amended filing
Official Forms 40CA/D			
Official Form 106A/B			
Schedule A/B: Propert	у		12/15
Do you own or have any legal or equitable intere	ore space is needed, attach a separate sheet to the ver every question. Land, or Other Real Estate You Own or Have	is form. On the top of a	
No. Go to Part 2.			
Yes. Where is the property?	What is the property? Check all that apply.		
	Single-family home	Do not deduct secured cla the amount of any secure	
1.1.	Duplex or multi-unit building	Creditors Who Have Clair	
Street address, if available, or other description	☐ Condominium or cooperative	Current value of the	Current value of the
	Manufactured or mobile home	entire property?	portion you own?
	Land	\$	\$
	☐ Investment property ☐ Timeshare	Describe the nature of	of your ownership
City State ZIP Code	Other	interest (such as fee	simple, tenancy by
	Who has an interest in the property? Check one.	the entireties, or a life	e estate), if known.
	Debtor 1 only		
County	Debtor 2 only		
County	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this it	em, such as local	
	property identification number:		
If you own or have more than one, list here:	Milest in the managers 2 Charles little to said.		
	What is the property? Check all that apply. Single-family home	Do not deduct secured da the amount of any secure	
1.2.	Duplex or multi-unit building	Creditors Who Have Clair	
Street address, if available, or other description	☐ Condominium or cooperative	Current value of the	Current value of the
	☐ Manufactured or mobile home	entire property?	portion you own?
	☐ Land	\$	\$
	Investment property	Describe the nature	of vour ownership
City State ZIP Code	Timeshare	interest (such as fee	simple, tenancy by
	Other Other Check one.	the entireties, or a lif	e estate), if known.
	Debtor 1 only		
County	Debtor 2 only		
County	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	☐ At least one of the debtors and another	(see instructions)	property
	Other information you wish to add about this ite	m, such as local	
	property identification number:	, 34411 43 14441	

Official Form 106A/B

Catrina Franklin Debtor 1 Case number (if known What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: ☐ Single-family home Creditors Who Have Claims Secured by Property. 1.3 Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the ☐ Condominium or cooperative entire property? portion you own? Manufactured or mobile home ☐ Land ☐ Investment property Describe the nature of your ownership City State ZIP Code □ Timeshare interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles **☑** No Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 31 Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check If this is community property (see instructions)

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Case 17-13219-mkn Doc 1 Entered 06/15/17 09:25:50 Page 14 of 69 Franklin Catrina Debtor 1 Case number (if known) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.3. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: \$ Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.4. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see \$_ instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No No Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 41 Make the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the
Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

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Debtor 1

Catrina

Franklin

Case number (if known)_

	First Name	Middle Name	Last Name		
Part 3:	Describe You	r Personal an	d Household Items	*	

Do	you own or have any legal or equitable interest in any of the following items?	Current va portion yo Do not dedu or exemption	u own? at secured claims
6.	Household goods and furnishings		
	Examples: Major appliances, furniture, linens, china, kitchenware		
	□ No		
	☑ Yes. Describe Sofa, Love seat	\$	50.00
7.	Electronics		
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
	□ No		
	✓ Yes. Describe 3 Tv's	\$	100.00
٥	Collectibles of value		
Ο.	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;		
	stamp, coin, or baseball card collections; other collections, memorabilia, collectibles		
	Yes. Describe	\$	
		Ψ	
9.	Equipment for sports and hobbies		
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	☑ No		
	Yes. Describe	\$	
40	Firearms		
10.	Examples: Pistols, rifles, shotguns, ammunition, and related equipment		
	2 No		
	Yes. Describe	\$	
		*	
11.	Clothes		
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No		
	☑ Yes. Describe Pants, shirts, jackets		75.00
	- Too. Booking. Failts, Stillts, Jackets	\$	70.00
12	Jeweiry		
12.	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	gold, silver		
	☑ No		
	Yes. Describe	\$	
13	. Non-farm animals		
	Examples: Dogs, cats, birds, horses		
	☑ No		
	Yes. Describe	\$	
14	Any other personal and household items you did not already list, including any health aids you did not list		
	☑ No		
	Yes. Give specific	\$	
	information	<u></u>	· • • • • • • • • • • • • • • • • • • •
15	. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$	225.00

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Debtor 1

Catrina Franklin

Case number (if known)__

Part 4:			
	-	7	4.

Describe Your Financial Assets

Do you own or have any l	legal or equitable interest in	any of the following?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	nave in your wallet, in your hor	ne, in a safe deposit bo	x, and on hand when you	file your petition	
No Yes				Cash:	\$
	avings, or other financial acco milar institutions. If you have n				es,
☑ No					
☐ Yes		Institution name:			
	17.1. Checking account:		ala da		
	17.2. Checking account:		*****		\$
	17.3. Savings account:				\$
	17.4. Savings account:	 			\$
	17.5. Certificates of deposit:			•	
	17.6. Other financial account: 17.7. Other financial account:				
	17.8. Other financial account:				· · ·
	17.9. Other financial account:				·
10 Bondo mutual funde	or publicly traded stocks				
•	investment accounts with brok	kerage firms, money ma	arket accounts		
☑ No ☐ Yes	Institution or issuer name:				
03	monation of issuer hame.				
					\$
					\$
•	tock and interests in incorpo	orated and unincorpor	rated businesses, includ	ing an interest in	
an LLC, partnership, a	-				
No Oive sessife	Name of entity:			% of ownership:	
Yes. Give specific information about				0%%	\$
them				0%%	\$
				<u>0%</u> %	\$

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Case number (if known)_

Franklin

20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. 2 No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others V No ☐ Yes..... Institution name or individual: Flectric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) 2 No ☐ Yes...... Issuer name and description:

Catrina

Debtor 1

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Case number (if known)_

Franklin

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Z No 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No No ☐ Yes. Give specific information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No No ☐ Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No No ☐ Yes. Give specific information about them.... Money or property owed to you? Current value of the portion you own?
Do not deduct secured claims or exemptions. 28. Tax refunds owed to you Z No ☐ Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years..... l ocal: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits, unpaid loans you made to someone else Z No Yes. Give specific information.....

Catrina

Debtor 1

Case 17-13219-mkn Doc 1 Entered 06/15/17 09:25:50 Page 19 of 69 Franklin Debtor 1 Case number (if known) First Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance MO No ☐ Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value. ... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. 2 No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Z No ☐ Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims 2 No ☐ Yes. Describe each claim..... 35. Any financial assets you did not already list M No ☐ Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 0.00 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No ☐ Yes. Describe...... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No

☐ Yes. Describe......

Case 17-13219-mkn Doc 1 Entered 06/15/17 09:25:50 Page 20 of 69 Catrina Franklin Debtor 1 Case number (if known)_ 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☐ No ☐ Yes. Describe...... 41. Inventory ☐ No Yes. Describe...... 42. Interests in partnerships or joint ventures ☐ No Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list ☐ No ☐ Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? Mo. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☐ No ☐ Yes

Catrina Franklin Case number (if known)_ Debtor 1 48. Crops-either growing or harvested ☐ No ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☐ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 0.00 56 Part 2: Total vehicles, line 5 225.00 57. Part 3: Total personal and household items, line 15 0.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 225.00 Copy personal property total **> +**\$_ \$_ 225.00 62. Total personal property. Add lines 56 through 61. 225.00 63. Total of all property on Schedule A/B. Add line 55 + line 62.

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Fill in this is	formation to identify your case:			
	Catrina	Franklin		
Debtor 1	First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name Middle Name	Last Name		
United States	Bankruptcy Court for the: District of Neva	ada		
Case number				Check if this is an
(If known)				amended filing
Official F	Form 106C			
Sched	ule C: The Pro	perty You	Claim as Exempt	04/16
Using the prop space is need your name and For each item specific dolla of any applica retirement fur limits the exe would be limit	erty you listed on Schedule A/B: Project, fill out and attach to this page as a case number (if known). I of property you claim as exempt, a amount as exempt. Alternatively, able statutory limit. Some exemptions—may be unlimited in dollar an	perty (Official Form 106A many copies of Part 2: A you must specify the a you may claim the full ons—such as those for nount. However, if you nt and the value of the bunt.	gether, both are equally responsible for s A/B) as your source, list the property that dditional Page as necessary. On the top amount of the exemption you claim. Or fair market value of the property being health aids, rights to receive certain to claim an exemption of 100% of fair maproperty is determined to exceed that	you claim as exempt. If more of any additional pages, write ne way of doing so is to state a g exempted up to the amount penefits, and tax-exempt urket value under a law that
2. For any p	oroperty you list on Schedule A/B or scription of the property and line on	that you claim as exem	pt, fill in the information below. Amount of the exemption you claim	Specific laws that allow exemption
Scneau	le A/B that lists this property	portion you own Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief	Sofa. Love seat	\$ 50.00	2 1 s 50.00	11 U.S.C. § 522(b)(2)
descripti	Jii.	3 00.00	100% of fair market value, up to	0
Line fron Scheduk			any applicable statutory limit	
Brief		400.00	-1 400.00	44.11.6.0. 6.532/5/2)
descripti	on: 3 Tv's	\$ <u>100.00</u>	2 \$ 100.00	11 U.S.C. § 522(b)(2)
Line fror Schedul	·		☐ 100% of fair market value, up to any applicable statutory limit	
Brief	pants, shirts, jackets	\$ 75.00	☑ \$ 75.00	11 U.S.C. § 522(b)(2)
descripti	on.	\$ 73.00	100% of fair market value, up to	(, 0.0.0. 3 ==(5)(=)
Line from Schedul	e A/B:11		any applicable statutory limit	****
(Subject √ No		3 years after that for case	es filed on or after the date of adjustment	.)
	Did you acquire the property covered No Yes	a by the exemption within	n 1,215 days before you filed this case?	

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Debtor 1

Catrina			Franklin	Case number (if known)
Circl Moreo	Middle Nome	Lost Name		

D	α.
	4:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	\$		
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<u></u>	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B: ———		any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$ 100% of fair market value, up to	
Line from Schedule A/B: ———		any applicable statutory limit	
Brief description:	\$	s	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	. \$	_ 🗓 \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	s	
Line from Schedule A/B: ———		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	. \$	s	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	···

Fill in this information to identify your cas	e:			
0-15-	Franklin			
Debtor 1 Catrina First Name Middle N	Franklin Last Name			
Debtor 2	Lask reality			
(Spouse, if filing) First Name Middle N	larne Last Name			
United States Bankruptcy Court for the: District of	Novada			
Officed States Bankruptcy Count for the. District of	- Nevada			
Case number			Check i	f this is an
(If known)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		amende	
			u	g
Official Form 106D				
Official Fortil 100D				
Schedule D: Creditor	s Who Have Claims Secure	ed by Pro	perty	12/15
Do an annulate and accurate as possible	If two married money are filling together, both are as		ior ourselving correct	
	If two married people are filing together, both are eq y the Additional Page, fill it out, number the entries, a			
additional pages, write your name and cas				,
1. Do any creditors have claims secured b	y your property?			
No. Check this box and submit this for	m to the court with your other schedules. You have nothi	ng else to report on	this form.	
Yes. Fill in all of the information below.		- •		
Part 1: List All Secured Claims				
Part P Elst All Gettied Glaims		0-44	O-1 B	0.4
2. List all secured claims, if a creditor has n	nore than one secured claim, list the creditor separately	Column A	Column B	Column C
	as a particular claim, list the other creditors in Part 2.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
As much as possible, list the claims in alph	nabetical order according to the creditor's name.	value of collateral.	claim	If any
2.1				•
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
 	-			
Number Street		j ut		
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
•	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a	Other (including a right to offset)	-		
community debt				
Date debt was incurred	Last 4 digits of account number		The state of the s	0 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -
2.2	Describe the property that secures the claim:	\$	_ \$	\$
Creditor's Name		7		
		-		
Number Street	-	ا		
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
04.	Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a	Other (including a right to offset)	-		
☐ Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			
The same of the Control of the Contr	o to o por total a la composition de la composition della composit	k		Consider a consideration and expendence
Add the dollar value of your entries in	Column A on this page. Write that number here:	<u>"</u>	·	

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First Name Middle Name	Last Name			
Additional Page art 1: After listing any entries on this p by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
]	Describe the property that secures the claim:	. \$	\$	\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply.	-		
	Contingent			
City State ZIP Code	☐ Unliquidated☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
_	Other (including a right to offset)			
Check if this claim relates to a community debt	, , , , , , , , , , , , , , , , , , , ,			
Date debt was incurred	Last 4 digits of account number			
]	Describe the property that secures the claim:	\$	s	\$
Creditor's Name				
Number Street		<u>-</u>		
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed			
Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) 			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number			
T	Describe the property that ensures the claim:	Andrew Communication	that I we suppose that	e en
Creditor's Name	Describe the property that secures the claim:	*	_ •	Ψ
Number Street				
	As of the date you file, the claim is: Check all that apply.	i e		
	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
At least one of the debtors and another Check if this claim relates to a	Other (including a right to offset)	-		
community debt				
Date debt was incurred	Last 4 digits of account number			

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Debto	r 1	Catrina First Name Middle Name	Last Name	Franklin	Case number (# known)
Pa	rt 2:	List Others to Be No	otified for a Deb	t That You Aiready	y Listed
age you	ency is to I have n	trying to collect from you f	or a debt you owe t any of the debts the	o someone else, list th at you listed in Part 1, l	a debt that you already listed in Part 1. For example, if a collection as creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to
					On which line in Part 1 did you enter the creditor?
	Name		· · · · · · · · · · · · · · · · · · ·		Last 4 digits of account number
	Number	Street			_
	City		State	ZIP Code	- -
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			_
					_
	City		State	ZIP Code	_
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	r Street	<u>. </u>		_
				Mary Mary Mary Mary Mary Mary Mary Mary	_
	City		State	ZIP Code	_
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Numbe	r Street			
	City		State	ZIP Code	- -
\Box	Jay		Jidie		On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Numbe	r Street		****	_
					_
	City		State	ZIP Code	_
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Numbe	r Street			_
				710.0	- -
	City		State	ZIP Code	

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				ĺ			
Fill in this	information to identify ye	our case:					
Debtor 1	Catrina		Franklin				
Debior	First Name	Middle Name	Last Name				
Debtor 2	\ 						
(Spouse, if filir	ng) First Name	Middle Name	Last Name				
United State	s Bankruptcy Court for the: D	istrict of Nevada				_	
Case number	er er						ck if this is an
(if known)						ame	nded filing
				•			
Official	Form 106E/F						
Schoo	lule F/E: Cree	ditore W	ho Have Unsec	red Clair	ne		12/15
- Cilet	die Elli Ole	uitois vi	iio iiave onseci	area Olan			1215
List the oth- A/B: Proper creditors wineeded, cop any addition	er party to any executory rty (Official Form 106A/B) ith partially secured clain py the Part you need, fill i nal pages, write your nan	contracts or un and on Scheduns that are listed it out, number the and case number	, ,	t in a claim. Also li Unexpired Leases (Have Claims Secul	st executory co Official Form 1 red by Property	ontracts on S 06G). Do not /. If more spa	<i>chedul</i> e include any ce is
Part 1:	List Ali of Your PRIOR	ITY Unsecure	d Claims				
1. Do any	creditors have priority un	secured claims	against you?				
₩ No. (Go to Part 2.						
Yes.							
2. List all	of your priority unsecure	d claims. If a cre	ditor has more than one priority u	nsecured claim, list t	he creditor sepa	arately for eacl	n claim. For
			claim has both priority and nonp				
			laims in alphabetical order accord Part 1. If more than one creditor h				
	·	•	structions for this form in the instr	•	ii, not are carer	accincio in i c	
(1 01 01)	capital distriction of court type of	cacini, occ bic a		dodon bookiet.)	Total claim	Priority	Nonpriority
						amount	amount
2.1							
	Creditor's Name		Last 4 digits of account number		\$	_ \$	\$
, none	Julia di Mario		When was the debt incurred?				
Number	Street						
			As of the date you file, the clain	is: Check all that appl	v.		
			☐ Contingent		•		
City	State	ZIP Code	Unliquidated				
Who in	ncurred the debt? Check one	∂ .	☐ Disputed				
	otor 1 only						
	otor 2 only		Type of PRIORITY unsecured	claim:			
	otor 1 and Debtor 2 only		Domestic support obligations				
La At k	east one of the debtors and an	other	Taxes and certain other debts y	ou owe the government			
☐ Che	eck if this claim is for a co	mmunity debt	Claims for death or personal inju	_			
is the	claim subject to offset?		intoxicated				
☐ No			Other. Specify				
☐ Yes		talah kecamatan dan dalam dalam dalam dan dalam dan dalam dan dalam dan	e i allement a demokratika programativate en en entre d'han legio d'i encanglio i a a d'historia	nagangan ng mga mga mga gama na ngangan ng at teongag ga kipa.	Manager and Assessment of the Control of the Contro		an in 1817 without this contraction with the second section is a second
2.2			Last 4 digits of account number		•	•	œ
Priority C	Creditor's Name		When was the debt incurred?		•		4 <u></u>
		.	when was the debt incurred?				
Number	Street		As of the date you file, the claim	is: Check all that app	lv.		
			☐ Contingent		•		
City	State	ZIP Code	Unliquidated				
_	ncurred the debt? Check on		Disputed				
	ncurred the belot? Check on btor 1 only	5 .	·				
	otor 2 only		Type of PRIORITY unsecured	claim:			
	btor 1 and Debtor 2 only		Domestic support obligations				
	east one of the debtors and an	other	Taxes and certain other debts y		t		
	eck if this claim is for a co		Claims for death or personal inju	ury while you were			
		ioiaty Gebt	intoxicated				
	claim subject to offset?		Other. Specify	•	_		
☐ No ☐ Yes							
La res	•						

Catrina First Name Case number (if known)___ Debtor 1

er listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
	Last 4 digits of account number	\$	_ \$	\$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
THE INC.	As of the date you file, the claim is: Check all that apply.			
	_			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated☐ Disputed			
Who incurred the debt? Check one.	Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
	☐ Claims for death or personal injury while you were intoxicated			
Check if this claim is for a community debt	Other. Specify			
s the claim subject to offset?				
_				
☑ No ☑ Yes				
L. Yes Diskuppingalangan kanggapan mengangan kanggapan kanggapan kanggapan kanggapan kanggapan kanggapan kanggapan ke		and the second of the second o	r i i v	en an en
	Look Aultrotte of an analysis of the	s	•	•
Priority Creditor's Name	Last 4 digits of account number	₽	_	- •
•	When was the debt incurred?			
Number Street	When was the dest induited:			
	As of the date you file, the claim is: Check all that apply.			
04.	☐ Contingent☐ Unliquidated			
City State ZIP Code	Disputed			
Who incurred the debt? Check one.	□ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	_			
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
D	☐ Claims for death or personal injury while you were intoxicated			
Check if this claim is for a community debt	Other. Specify			
Is the claim subject to offset?				
□ No				
☐ Yes				
Commence and the Commence and the control of the co	of the early conjugate problems of the early entry and the early entry are confirmed to the early entry of the early entry and the early entry of the early entry entry of the early entry of the early entry of the early ent		The second section of the contraction of the contra	radicipa compressor security and community sections
	Last 4 digits of account number	\$	_ \$	_ \$
Priority Creditor's Name				
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
·	☐ Disputed			
Who incurred the debt? Check one.	·			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated		the articles in teach	
- Oneck it this claim is for a community Gebt	Other. Specify			
Is the claim subject to offset?				
□ No				
U No				

Catrina Debtor 1 Case number (if know Part 2: **List All of Your NONPRIORITY Unsecured Claims** 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim PlusFour Last 4 digits of account number 8 6 7 8 100.00 Nonpriority Creditor's Name When was the debt incurred? 6345 S. Pecos Rd. Ste212 Street Number Las Vegas NV 89120 As of the date you file, the claim is: Check all that apply State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ■ Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts V No Other, Specify Medical Yes 600.00 Last 4 digits of account number 5 1 3 4 PlusFour Nonpriority Creditor's Name When was the debt incurred? 6345 S. Pecos Rd. Ste212 As of the date you file, the claim is: Check all that apply. Las Vegas NV 89120 ZIP Code □ Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts is the claim subject to offset? Other. Specify Medical V No ☐ Yes Allied Collection Service Last 4 digits of account number __7 __8 __0 __1 509.00 Nonpriority Creditor's Name When was the debt incurred? 3080 S. Durango Dr. Ste208 Number Las Vegas NV 89117 As of the date you file, the claim is: Check all that apply. 7IP Code City State Contingent Who incurred the debt? Check one Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts M No

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Other Specify Medical

☐ Yes

Debtor 1

Catrina First Name

er listing any entries on th	nis page, number the	em beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
Alliad Callagaian Can			Last 4 digits of account number 7 7 0 1	s 1,259.00
Allied Collection Ser Nonpriority Creditor's Name	vice			\$ 1,259.00
3080 S. Durango Dr	. Ste208		When was the debt incurred?	
Number Street Las Vegas	NV	89117	As of the date you file, the claim is: Check all that apply.	
City	State	ZfP Code	Contingent	
Who incurred the debt? O	heck one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 on	ly		☐ Student loans	
At least one of the debtor	s and another		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is t	for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to off	set?		Other Specify Medical	
☑ No				
☐ Yes				
HLS of Nevada LLC	and a supplement purpose of the anti-supplement of the supplement	ka ka sa ka ka ji mba kuya ga ga ka	Last 4 digits of account number 0 8 3 4	\$ 12,000.00
Nonpriority Creditor's Name			When was the debt incurred? 08/01/2012	
6767 W. Tropicana	Ave. Ste1		<u></u>	
Las Vegas	NV	89103	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt?	heck one		Unliquidated	
	TRUK OTO.		☑ Disputed	
Debtor 1 only			To a CHOMBRIODITY	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 or At least one of the debtor	-		☐ Student loans	
Check if this claim is:			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	-		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to off	set?		Other. Specify_AutO	
₩ No				
☐ Yes				
een van in het die gegen verd nie gegene verste gegen ook van het mysters in die die die die die die die die d	er var er	a vite management service (service) (service)	en e	7 000 00
Santander Consume	er USA		Last 4 digits of account number $\begin{array}{c ccccccccccccccccccccccccccccccccccc$	\$ <u>7,000.00</u>
Nonpriority Creditor's Name	 		When was the debt incurred? 02/01/2009	
8585 N. Stemmons	Fwy St		When was the debt incurred?	
Dallas	TX	75247	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
-		- -	☐ Uniquidated	
Who incurred the debt?	Check one.		Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 or	nlv		•	
	•		Student loans	

M No ☐ Yes

 $\hfill \square$ At least one of the debtors and another

Is the claim subject to offset?

 $f \square$ Check if this claim is for a community debt

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that

 $\hfill \Box$ Debts to pension or profit-sharing plans, and other similar debts

you did not report as priority claims

Other. Specify Auto

Case 17-13219-mkn Doc 1 Entered 06/15/17 09:25:50 Page 31 of 69 Franklin Catrina Debtor 1 Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4.7 Last 4 digits of account number _ 600.00 Security Financial Services Nonpriority Creditor's Name When was the debt incurred? PO Box 3146 Cust Relations & Cons Number As of the date you file, the claim is: Check all that apply. SC 29304 Spartanburg City State ZIP Code ☐ Contingent ☐ Unliquidated Who incurred the debt? Check one. □ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other Specify Loan ☐ No Yes 4.8 Last 4 digits of account number 0 6 N 1 433.00 Commonwealth Financial Systems Nonpriority Creditor's Name 11/01/2015 When was the debt incurred? 245 Main St. Number Street As of the date you file, the claim is: Check all that apply. Dickson City PA 18519 ZIP Code □ Contingent ■ Unliquidated Who incurred the debt? Check one. ☑ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify Medical M No ☐ Yes 4.9 483.00 Last 4 digits of account number 7 4 N 1 Commonwealth Financial Systems

Commonwealth Financial Systems

Nonpriority Creditor's Name

245 Main St.

Number Street

Dickson City PA 18519

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

M No

☐ Yes

When was the debt incurred? 11/01/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent

Unliquidated

☑ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

Obligations arising out of a separation agreement or divorce that

you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical

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Debtor 1

Catrina

Case number (if known)_

Da	4	2.

Memory Creater's Name Store Last Vegas NV 89117					
Mean was the debt incurred? Mean				Last 4 digits of account number 4 8 5 2	\$_1,250.00
Las Vegas NV 89117 Oly State 279 Code Who Incurred the debt? Check one. I check if this claim is for a community debt is the claim of the debtors and another Obtator 1 and Debtor 2 only A west check if this claim is for a community debt is the claim subject to offset? I check if this claim is for a community debt is the claim subject to offset? I check if this claim is for a community debt is the claim subject to offset? I check if this claim is for a community debt is the claim subject to offset? Who Incurred the debt? Check one. I check if this claim is for a community debt is the claim subject to offset? I check if this claim is for a community debt is the claim subject to offset? Who I courred the debt? Check one. I check if this claim is for a community debt is the claim subject to offset? I check if this claim is for a community debt is the claim is for a community debt is the claim is for a community debt is the claim subject to offset? I check if this claim is for a community debt is the claim aubject to offset? I check if this claim is for a community debt is the claim aubject to offset? I check if this claim is for a community debt is the claim is for a community debt is the claim aubject to offset? I check if this claim is for a community debt is the claim aubject to offset? I check if this claim is for a community debt is the claim is check all that app	• •	Rd		When was the debt incurred? 04/01/2015	
Coty Sale ZiP Cote Contingent Contin		NIV/	80117	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one. Destor 1 only Destor 1 only Destor 2 only Destor 2 only Destor 3 only Destor 4 one Destor 2 only Destor 5 only Destor 5 only Destor 5 only Destor 5 only Destor 6 only Destor 6 only Destor 6 only Destor 7 only Destor 7 only Destor 7 only Destor 8 only Destor 1 only Destor 8 only Destor 1 only Destor 2 only Destor 1 only Destor 2 only Destor 1 only Destor 2 only Destor 2 only Destor 1 only Destor 2 only Destor 2 only Destor 2 only Destor 1 only Destor 2 only Destor 2 only Destor 2 only Destor 1 only Destor 2 only Destor 2 only Destor 2 only Destor 3 only Destor 6 only Destor 8 only Destor 8 only Destor 9 only Destor 9 only Destor 9 only Destor 1 only Destor 2 only Destor 9 only Destor 1 only Destor 2 only Destor 9 onl				Continuent	
Who incurred the debt? Check one.	City	Old III	an oode	•	
Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Al least one of the debtor and another Debtor 2 only Debtor 3 o	Who incurred the debt? Check	k one.			
Check if this claim is for a community debt	Debtor 1 only			—	
At least one of the debtors and another	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt is the claim subject to offset? ☐ No ☐ Yes American Medical Collection Agency Noopsordy Creditor's Name A Westchester Plaza Ste.110 NY 10523 ☐ Obtor 1 only ☐ Debtor 1 only ☐ Debtor 1 only ☐ Obtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt is the claim subject to offset? ☐ NY ☐ NY ☐ Obtor 1 only ☐ Debtor 1 and Debtor 2 only ☐ Noopsordy Creditor Name Las Vegas Oral Surgery Noopsordy Creditor's Name Check if this claim is for a community debt is the claim subject to offset? ☐ Ny ☐ No ☐ Yes Las Vegas Oral Surgery Noopsordy Creditor's Name Check if this claim is for a community debt Is the claim subject to offset? ☐ Ny ☐ No ☐ Yes Las Vegas Oral Surgery Noopsordy Creditor's Name Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is the debtor and another ☐ Check if this claim is the claim is: Check all that apply ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Check if this claim is for a community debt Is the claim subject to offset?	Debtor 1 and Debtor 2 only			☐ Student loans	
Check if this claim is for a community debt is the claim subject to offset?	At least one of the debtors and	nd another		<u> </u>	
better 1 and Debtor 2 only Debtor 1 only Pres Last 4 digits of account number 2 4 0 \$ 149.4 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 3 only Norporty Oreditor hame Last 4 digits of account number 2 4 0 \$ 149.4 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 persion or profit-sharing plans, and other similar debts Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor	Check if this staim is for a	a community daht			
American Medical Collection Agency Nooproofly Creditor's Name 4 Westchester Plaza Ste.110 Number Street Elminsford NY 10523 City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 and		•			
American Medical Collection Agency Norporoty Creditor's Name 4 Westchester Plaza Ste.110 Number Street Elmsford NY 10523 City State ZiP Code Who incurred the debt? Check one. Oettor 1 only Oettor 2 only Oettor 3 and Debtor 2 only Oettor 6 and Debtor 2 only Oettor 6 and Debtor 2 only Oettor 6 and Debtor 8 and Oettor 9 and 0ettor 9 and 0ettor9		?		Other. Specify Medical	
A Westchester Plaza Ste.110 As of the date you file, the claim is: Check all that apply. Contingent Con					
A Westchester Plaza Ste.110 Norproted To Name 4 Westchester Plaza Ste.110 Ny 10523 City State ZIP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Other Specify Medical Ves Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only State ZIP Code Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 4 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 6 only Debtor 8 only Debtor 9 on	onnerter representation of the proportion of the state of	erationales in the record page of the september 1 to the contract of the second	er (Espiration (Spiral Communication (Spiral		ercenter (1000), in the property legs to in
A Westchester Plaza Ste.110 Number Street Elmsford NY 10523 City State ZiP Code Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ No ☐ Yes ☐ No ☐ No ☐ Yes ☐ No ☐ No ☐ Yes ☐ Debtor 1 only ☐ Debtor 2 only ☐ Yes ☐ Check if this claim is for a community debt ☐ State Claim subject to offset? ☐ Check if this claim is for a community debt ☐ State Claim subject to offset? ☐ Check if this claim is for a community debt ☐ State Claim subject to offset? ☐ Check if this claim is for a community debt ☐ State Claim subject to offset? ☐ Check if this claim is for a community debt ☐ State Claim subject to offset? ☐ Check if this claim is for a community debt ☐ State Claim subject to offset? ☐ Check if this claim is for a community debt ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Check if this claim is for a community debt	American Medical Colle	ection Agency		Last 4 digits of account number 2 4 4 0	s <u>149.49</u>
As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply.	Nonpriority Creditor's Name			- Million was the debt incomed?	
Elmsford NY 10523 City State ZIP Code Carlo Code Car	4 Westchester Plaza St	te.110		when was the debt incurred?	
City State ZP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 4 only Debtor 5 and Debtor 5 only Debtor 6 the debtors and another Disputed Debtor 1 and Debtor 2 only Debtor 1 and Debtor 4 only Disputed D				As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one. Uniquidated Disputed					
Who incurred the debt? Check one. ☐ Disputed ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 3 nd Debtor 2 only ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to persion or profit-sharing plans, and other similar debts ☐ Other. Specify Medical ☐ Other. Specify Medical	City	State 2	ZIP Code		
Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Student loans Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Me	Who incurred the debt? Check	k one		•	
Debtor 2 only		ik Offic.		☐ Disputed	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? □ No □ Yes □ Check if this claim is for a community debt is the claim subject to offset? □ Other. Specify Medical	•			Time of NONDBIODITY uncoursed claims	
At least one of the debtors and another					
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	☑ No ☐ Yes				

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Debtor 1

Catrina

Case number (if known)_

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Financial Corporation (Of America		Last 4 digits of account number 0 9 2 4	s1	09
Nonpriority Creditor's Name 12515 Research Blvd.	Bldg 2, Ste. 100)	When was the debt incurred?		
Number Street Austin	TX	78759	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	☐ Contingent		
Who incurred the debt? Chec	sk one.		☐ Unliquidated ☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
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3429 Regal Dr			When was the debt incurred?		
Number Street	Thi	27704	As of the date you file, the claim is: Check all that apply.		
Alcoa City	TN State	37701 ZIP Code	Contingent		
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Who incurred the debt? Chec	ck one.		☑ Disputed		
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Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors as	nd another		Obligations arising out of a separation agreement or divorce that		
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3429 Regal Dr			When was the debt incurred?		
Number Street Alcoa	TN	37701	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	☐ Contingent		
Who incurred the debt? Chec	ak ana		Unliquidated		
Debtor 1 only	A UIC.		☑ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
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Is the claim subject to offset	?		Other. Specify Medical		

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Debtor 1

Catrina First Name

Case number (if known)_

Doyne Medical Clinic INC	Total claim
As of the date you file, the claim is: Check all that apply.	85.00
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Is the claim subject to offset?	
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Debtor 1

Catrina

Case number (if known)_

Part	2:

ge, number them	beginning with	1 4.4, lonowed by 4.5, and 50 lottli.	Total clai	
		Last 4 digits of account number	<u>\$100.</u>	
e.160		When was the debt incurred?		
NV	80110	As of the date you file, the claim is: Check all that apply.		
State	ZIP Code	Contingent		
one.		Unliquidated Disputed		
		Type of NONPRIORITY unsecured claim:		
		Student loans		
another		Obligations arising out of a separation agreement or divorce that		
ommunity debt		_ • • • • • •		
		Other. Specify Medical		
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		- 100 and the debt to see 100		
oody Rd. NE	******	When was the debt incurred?		
GA	30328	As of the date you file, the claim is: Check all that apply.		
State	ZIP Code	Contingent		
		Unliquidated		
one.		Disputed		
		Type of NONPRIORITY unsecured claim:		
		<u></u>		
another		—		
community debt		you did not report as priority claims		
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		Other Specify Cable Service		
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		When was the debt incurred?		
NV	89520	As of the date you file, the claim is: Check all that apply.		
State	ZIP Code	Contingent		
		Unliquidated		
one.		Disputed		
		Type of NONPRIORITY unsecured claim:		
		<u></u>		
another				
community debt		you did not report as priority claims		
sommunity Geot		Debts to pension or profit-sharing plans, and other similar debts		
		Other. Specify POWER BIII		
	e.160 NV State one. another community debt GA State one. NV State NV State	NV 89110 State ZIP Code one. another oody Rd. NE GA 30328 State ZIP Code one. NV 89520 State ZIP Code one. another another another another	NV 89110 Situs ZIP Code Contingent Uniquidated Uniquidated	

Debtor 1

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er listing any entries on this page, number them beginning with			4.4, followed by 4.5, and so forth.		Total claim	
MoneyTree MoneyTree			Last 4 digits of account number	\$	407.7	
Nonpriority Creditor's Name						
6720 Fort Dent Way	Ste. 230					
Seattle	WA	98188	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
Who incurred the debt? Cl			Unliquidated			
	neck one.		☑ Disputed			
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 onl	v		<u></u>			
At least one of the debtors	•		☐ Student loans			
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
Check if this claim is fo	or a community debt		Debts to pension or profit-sharing plans, and other similar debts			
Is the claim subject to offs	set?		Other Specify Loan			
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Rapid Cash Nonpriority Creditor's Name				Ψ	470.0	
PO Box 780408			When was the debt incurred?			
Number Street	wat was		-			
Wichita	KS	67278	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
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Who incurred the debt? Cl	heck one.		Disputed			
Debtor 1 only			Torrest MONDRIAN CONTRACTOR AND ADDRESS			
Debtor 2 only Debtor 1 and Debtor 2 onl	. .		Type of NONPRIORITY unsecured claim:			
At least one of the debtors	•		Student loans			
At least one or the debtors	s and another		 Obtigations arising out of a separation agreement or divorce that you did not report as priority claims 			
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e de la companya de majorir e desimbolarisas participatos de la cidade a tras com das, da com	and the second of the second s	and the second displayers and the second			800.0	
Las Vegas Valley Wa	ater District		Last 4 digits of account number 9 4 0 4	·		
1001 S. Valley View	Blvd.		When was the debt incurred?			
Las Vegas	NV	89153	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
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Who incurred the debt? C	neck one.		✓ Disputed			
Debtor 1 only			Tune of NONDPRODITY uncomed defen-			
Debtor 2 only Debtor 1 and Debtor 2 onl	hu .		Type of NONPRIORITY unsecured claim:			
At least one of the debton	•		Student loans			
_			Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
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is the claim subject to offs	set?		Other Specify Water bill			
₩ No						

☐ Yes

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Debtor 1

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Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	er listing any entries on this page, no	ımber the	em beginning with	n 4.4, followed by 4.5, and so forth.	Total claim
6.5	Nevada Credico	_		Last 4 digits of account number	\$ 1,146.12
	Nonpriority Creditor's Name 3224 Civic Center Dr.			When was the debt incurred?	
	Number Street	ND /	20020	As of the date you file, the claim is: Check all that apply.	
	N. Las Vegas	NV State	89030 ZIP Code		
	City	Sizie	ZIF COUR	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only			•	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another	r		Obligations arising out of a separation agreement or divorce that	
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	Nevada Credico Nonpriority Creditor's Name		·		Ψ
	3224 Civic Center Dr.			When was the debt incurred?	
	Number Street			— — — — — — — — — — — — — — — — — — —	s1,146.12 roe that r debts s1,046.68 roe that r debts
	N. Las Vegas	NV	89030	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated	
	Debtor 1 only			Disputed	
	Debtor 2 only	•		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and anothe	r		 Student loans Obligations arising out of a separation agreement or divorce that 	
	Check if this claim is for a commi	14		you did not report as priority claims	
		HRLY GEGL		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify	
	☑ No ☐ Yes				
	er fragischer verscher sachterenzensenzensenzenschribten er so. von der det den en stelle dien verbeite	ence of consideration and the conf	na in talam yantu la tari na	Last 4 digits of account number	secretoriose e contractorios entretorios en al-
	Nonpriority Creditor's Name				
				When was the debt incurred?	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			Unliquidated	
	_			☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only				
	At least one of the debtors and anothe	r		 Student loans Obligations arising out of a separation agreement or divorce that 	
	☐ Check if this claim is for a commi	units dabé		you did not report as priority claims	
	Is the claim subject to offset?	ин ну сест		Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	□ No			Other. Specify	
	☐ Yes				

Case 17-13219-mkn

Debtor 1

Catrina

Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

Salman Akhtar MD			On which entry in Part 1 or Part 2 did you list the original creditor?
7020 Smoke Ranch			Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured Clair
			Last 4 digits of account number 8 6 7 8
Las Vegas	NV	89128	Last 4 digits of account number
ity	State	ZIP Code	
Rebecca Sinai DO			On which entry in Part 1 or Part 2 did you list the original creditor?
3100 N. Tenaya			Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured
		 	Claims
_as Vegas	NV	89128	Last 4 digits of account number 5 1 3 4
ity	State	ZIP Code	
University Medical Center			On which entry in Part 1 or Part 2 did you list the original creditor?
ame			Line A2 of (Observans) [7] Darks On the Control of Description
901 Rancho Ln. Ste.100			Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
outur.			Claims Part 2: Creditors with Nonpriority Unsecured
Las Vegas	NV	89106	Last 4 digits of account number 7 8 0 1
ity	State	ZIP Code	Last + urgits of account number
University Medical Center			On which entry in Part 1 or Part 2 did you list the original creditor?
ame			AA
901 Rancho Ln. Ste.100	 		Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
unber Gueer			Part 2: Creditors with Nonpriority Unsecured Claims
Las Vegas	NV	89106	7 7 0 1
ity	State	ZIP Code	Last 4 digits of account number $\frac{7}{1}$ $\frac{7}{1}$ $\frac{0}{1}$
University Medical Center			On which entry in Part 1 or Part 2 did you list the original creditor?
901 Rancho Ln. Ste.100			Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Las Vegas	NV	89106	Last 4 digits of account number 0 6 N 1
City De directions exercise interesease interesease research in the construction of constructions in the construction	State	ZIP Code	opening processes and an analysis of the second of the sec
University Medical Center			On which entry in Part 1 or Part 2 did you list the original creditor?
901 Rancho Ln. Ste.100			Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Las Vegas	NV	89106	Last 4 digits of account number 7 4 N L
Ay	State	ZIP Code	The second of th
University Medical Center			On which entry in Part 1 or Part 2 did you list the original creditor?
901 Rancho Ln. Ste.100			Line 5.0 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Las Vegas	NV	89106	Last 4 digits of account number 5 7 6 2
itv	State		

ZIP Code

State

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5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For

Debtor 1

Catrina Franklin Last Name

Part 3:

List Others to Be Notified About a Debt That You Already Listed

Laboratory Corporati	on Of America	1	On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 2240	O Box 2240		Line 5.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number 2 4 4 0
Burlington City	NC State	27216 ZIP Code	
•	-	Zir Cook	0 11 1 1 5 14 B 10 11 11 11 11 11 11 11 11 11 11 11 11
Mountain View Hosp	ıtaı		On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 409422			Line 5.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Atlanta	GA	30384	Last 4 digits of account number 0 9 2 4
City 	State	ZIP Code	
Fremont Emergency	Services HEN	1	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
PO Box 740023			Line 5.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Cincinn-ti		AE074	
Cincinnati	OH State	45274 ZIP Code	Last 4 digits of account number $\frac{5}{2}$ $\frac{2}{3}$ $\frac{0}{2}$
Fremont Emergency	Services Man	ndavia I TD	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	OCIVIOCS WIGH	Idavia ETB	on whom only in that the that I are
PO Box 740023			Line 5.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Cincinnati	OH	45274	Last 4 digits of account number 5 2 3 0
City	State	ZIP Code	
Quantum Collections	S		On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Cto 10E		Line 6.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
3080 S. Durango Dr. Number Street	SIE. 105		Part 2: Creditors with Priority Unsecured
34000			Claims
Las Vegas	NV	89117	
City	State	ZIP Code	Last 4 digits of account number
Quantum Collections	er er ermente anno son deste dato glorites santa si visato.	 A contract contract of the highlighter and at 10 cm 	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
3080 S. Durango Dr.	Ste.105		Line 6.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Las Vegas City	NV State	89117 ZIP Code	Last 4 digits of account number
and the second s	The second property of the second population of all the second population of all the second population of all the second populations of all the second popul	The state of the s	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			_
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Subst.			Part 2: Creditors with Nonpriority Unsecured Claims
			Oranii S
City	State	ZIP Code	Last 4 digits of account number

Official Form 106E/F

Case 17-13219-mkn Doc 1 Entered 06/15/17 09:25:50 Page 40 of 69 ranklin Case number (if known)

Debtor 1

Catrina

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims	6a. Domestic support obligations	6a. <u>\$</u>
from Part 1	6b. Taxes and certain other debts you owe the government	6b. <u>\$</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$</u>
	6e. Total. Add lines 6a through 6d.	6e. \$
		Total claim
Total claims	6f. Student loans	6f. \$
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. s
	 Other. Add all other nonpriority unsecured claims. Write that amount here. 	6i. + \$ 31,087.64
	6j. Total. Add lines 6f through 6i.	6j. 3 1,087.64

	Case 1	7-13219-mkn [Doc 1 Entered	I 06/15/17 09:25:50	Page 41 of 69
Fill in this in	nformation to ide	ntify your case:			
	Catrina	,	Franklin		
Debtor	First Name	Middle Name	Last Name		
Debtor 2 (Spouse If filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for	r the: District of Nevada			
Case number (If known)					☐ Check if this is a amended filing
	Form 1060		ntracts and	Unexpired Lea	Ses 12/15
Yes. 2. List sepa	Fill in all of the inf arately each pers , rent, vehicle lea	formation below even if the	contracts or leases are		-
		whom you have the con	tract or lease	State what the contrac	ct or lease is for
2.1 Name					
Number	Street				
City		State ZIP Code			
2.2 Name			-		
Number	Street				

Debtor 1

Catrina

Franklin

Case number (if known)___



Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2 <u>2</u>					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	Number	Sueer			
	City		State	ZiP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
_	Name				
	Number	Street			
	City		State	ZIP Code	
2					
ـ	Name				
	Number	Street			
	City		State	ZiP Code	
2					
	Name				114-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	Number	Ctroot			
	MANUOR	Street			
	City		State	ZIP Code	

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F.111		4.6		
Fillin	n this information to iden	itiry your case:		
Debto	Catrina First Name	APAR N	Franklin Last Name	_
Debto		Middle Name	Cast Name	
	e, if filing) First Name	Middle Name	Last Name	
United	i States Bankruptcy Court for	the: District of Nevada		
Case	number			
(If kno	wn)	,		☐ Check if this is a
				amended filing
Offic	cial Form 106H			
Sch	nedule H: Yo	_ ur Codebtor	'S	12/15
and nu case n 1. Do	imber the entries in the lumber (if known). Answer of you have any codebtor No. Yes I Yes I Yes I No. Go to line 3. Yes. Did your spouse, for Yes. In which comm	boxes on the left. Attacher every question. 3? (If you are filing a joint ve you lived in a commonousiana, Nevada, New Mormer spouse, or legal equ	the Additional Page to this case, do not list either spour unity property state or terrifexico, Puerto Rico, Texas, uivalent live with you at the form	tory? (Community property states and territories include Nashington, and Wisconsin.)
	Number Street			again.
	City	State	ZIP Code	<u></u>
si S	hown in line 2 again as a	a codebtor only if that po a 106D), S <i>chedule E/F</i> (O e <i>G</i> to fill out Column 2.	erson is a guarantor or cos	ebtor if your spouse is filing with you. List the person igner. Make sure you have listed the creditor on hedule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1				Schedule D, line
	Name	•		Schedule E/F, line
	Number Street			Schedule G, line
	-			
3.2	City	State	ZIP Code	•
3.2	Nome			Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street			□ Schedule G, line
	City	State	ZiP Cod	
3.3				_
	Name			Schedule D, line
				Schedule E/F, line
	Number Street			☐ Schedule G, line
	City	State	ZIP Cod	•

page 1 of 2

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Debtor 1 Catrina Franklin
First Name Middle Name Last Name

Case number (if known)	
------------------------	--

Column 1:	Your codebtor			Column 2: The creditor to whom you owe the del
				Check all schedules that apply:
			<u> </u>	Schedule D, line
Name				☐ Schedule E/F, line
Number	Street			Schedule G, line
City		State	ZiP Code	_
O.,				Schedule D, line
Name				Schedule E/F, line
				Schedule G, line
Number	Street			Goriedate G, line
City		State	ZIP Code	
=				Schedule D, line
Name				☐ Schedule E/F, line
Number	Street			Schedule G, line
City		State	ZiP Code	_
•				Cabadala D. lina
Name	·	· · · · · · · · · · · · · · · · · · ·		Schedule D, line
				Schedule E/F, line
Number	Street			Golfeddie G, Illie
City		State	ZIP Code	
Name				Schedule D, line
Hame				☐ Schedule E/F, line
Number	Street			Schedule G, line
City		State	ZIP Code	
				Schedule D, line
Name				☐ Schedule E/F, line
Number	Street			Schedule G, line
City		State	ZIP Code	_
Ung		5_ 10		Cabadida D. lina
Name				Schedule D, line
Number	Shoot			Schedule G, line
Number	Street			·
City		State	ZiP Code	
Nome				Schedule D, line
Name				□ Schedule E/F, line
Number	Street		-	Schedule G, line

Fill in this information to identify	your case:			Ī	
Debter 1 Catrina		Franklin		-	
First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filling) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	District of Nevada				
Case number(If known)				Check if the	his is:
(ended filing
Official Faces 4001					plement showing postpetition chapter 13 e as of the following date:
Official Form 106l				MM / D	D/ YYYY
Schedule I: You	r income				12/15
supplying correct information. If yo	ou are married and not fil se is not filing with you, top of any additional pa	ling jointly, and yo do not include info	ur spous ormation	e is living with y about your spo	or 2), both are equally responsible for you, include information about your spouse. use. If more space is needed, attach a known). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	€ Employed	ed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.		0.11.4			
Occupation may include student or homemaker, if it applies.	Occupation	C.N.A			
	Employer's name	Spanish Hills	Wellne	ss Suites	
	Employer's address	5351 Montes Number Street	souri Si		Number Street
		Las Vegas	N' State	V 89113 ZIP Code	City State ZIP Code
	How long employed the	ere?			
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of spouse unless you are separated		m. If you have nothi	ng to rep	ort for any line, w	rite \$0 in the space. Include your non-filing
If you or your non-filing spouse had below. If you need more space, a			rmation f	or all employers f	or that person on the lines
				For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sal deductions). If not paid monthly,			2 .	<u>\$ 2,083.47</u>	\$
3. Estimate and list monthly ove	rtime pay.		3. +:	246.00	+ \$
4. Calculate gross income. Add li	ne 2 + Ilne 3.		4.	<u>2,329.47</u>	s

Official Form 106l Schedule I: Your Income page 1

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ebtor 1	First Name Middle Name Last Name		C	ase number (# 14	10WII)			
	T is at Year the Miscolar Medical Casas Medi		Fo	Debtor 1		For Debtor 2 or non-filing spouse		
Сор	y line 4 here	4 .	\$_	2,329.47		\$		
5. List a	all payroll deductions:							
5a.	Tax, Medicare, and Social Security deductions	5a.	\$	168.70		\$		
5b.	Mandatory contributions for retirement plans	5b.	\$_			\$		
5c.	Voluntary contributions for retirement plans	5c.	\$_			\$		
5d.	Required repayments of retirement fund loans	5d.	\$_			\$		
5e .	Insurance	5e.	\$_	168.42		\$		
5f .	Domestic support obligations	5f .	\$_			\$		
5g.	Union dues	5g.	\$_			\$		
5h.	Other deductions. Specify:	5h.	+\$_		4	⊦ s		
6. Ad	the payroli deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$_	337.12		\$		
7. Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	1,992.35		\$		
8. List	all other income regularly received:							
8a.	Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_			\$		
8b.	Interest and dividends	8b.	\$			\$		
8c.	Family support payments that you, a non-filing spouse, or a depende regularly receive	ent			•			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_			\$		
8d.	Unemployment compensation	8d.	\$_			\$		
8e.	Social Security	8e .	\$_			\$		
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		•			e		
	Specify:	8f.	\$_			\$		
8g.	Pension or retirement income	8g.	\$_			\$		
8h.	Other monthly income. Specify:	8h.	+\$_			+\$		
9. Ad	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00] [\$		
	tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	. s _	1,992.35	+	\$0.00]=[\$ 1,992.35
11. Stat	e all other regular contributions to the expenses that you list in Sche	dule .	 J.					
Incl	ude contributions from an unmarried partner, members of your household, ands or relatives.			lents, your ro	omma	ates, and other		
Do	not include any amounts already included in lines 2-10 or amounts that are	not a	vailab	e to pay expe	enses	listed in Schedule J.		
Spe	cify:					11.	+ ;	\$
	I the amount in the last column of line 10 to the amount in line 11. The e that amount on the Summary of Your Assets and Liabilities and Certain S					•	7	\$ 1,992.35
	you expect an increase or decrease within the year after you file this No.	form	?					 ,
	Yes. Explain:							

Fill	in this ir	nformation to identify	your case:			
Debt		Catrina	Franklin	Obs. Life	h.t. t.	
Debt		First Name	Middle Name Last Name	Check if t		
) First Name	Middle Name Last Name	1 <u> </u>	nended filing plement showing post	netition chanter 13
Unite	ed States	Bankruptcy Court for the:	District of Nevada	1 - 7	ses as of the following	=
	e number nown)			MM / E	DD / YYYY \ D	
Off	icial I	Form 106J	· · · · · · · · · · · · · · · · · · ·			
		····	ur Expenses			12/15
Be as	comple	ete and accurate as po	ssible. If two married people are fili ed, attach another sheet to this form			=
Part	1:	Describe Your Hou	sehold			
1. is t	his a joi	int case?				
_		o to line 2. Des Debtor 2 live in a s	eparate household?			
		No	,			
		Yes. Debtor 2 must fik	e Official Form 106J-2, Expenses for S	eparate Household of Debtor 2		and the second second second second
	•	ve dependents? Debtor 1 and	☐ No ☑ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	btor 2.		each dependent	_		□ No
	not state mes.	e the dependents'		Grandson	6	☑ Yes
						☐ No ☐ Yes
						□ No
						Yes
						☐ No
						☐ Yes
				-		U No □ Yes
ex	penses	penses include of people other than nd your dependents?	☑ No ☐ Yes			
Part	2: E	stimate Your Ongoi	ing Monthly Expenses			
expe	•	of a date after the bar	bankruptcy filing date unless you a kruptcy is filed. If this is a supplem	•	-	-
	•	•	n-cash government assistance if you		Your expe	enses
			d it on Schedule I: Your Income (Offi expenses for your residence. Include	•		
		or the ground or lot.	Apenses for your residence. Include	nist mongage payments and	4. \$	1,350.00
		luded in line 4:			4-	
	-	estate taxes	antara inaurar			40.00
	•	erty, homeowner's, or r ne maintenance, repair,				40.00
		ne maimenance, repair, neowner's association of				

Official Form 106J

Debtor 1 Catrina Franklin Case number (if known) Case number (if known)

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5 .	\$
8	Utilities:		
٥.	6a. Electricity, heat, natural gas	6a.	\$ 250.00
	6b. Water, sewer, garbage collection	6b.	\$ 150.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$
	6d. Other. Specify:	6d.	\$
7.	Food and housekeeping supplies	7.	\$200.00
8.	Childcare and children's education costs	8.	\$
9.	Clothing, laundry, and dry cleaning	9.	\$90.00
10.	Personal care products and services	10.	\$
11.	Medical and dental expenses	11.	\$
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
	Charitable contributions and religious donations	14.	\$
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

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Debtor	1 Catrina First Name	Middle Name	Last Name	Franklin		Case number (if known)	···········		
21. Ot	ther. Specify:						21.	+\$	
22. Ca	ilculate your mon	thly expenses.							**************************************
22	a. Add lines 4 throu	ıgh 21.				2	2a.	\$	1,990.00
22	b. Copy line 22 (mo	onthly expenses	for Debtor 2), if a	ny, from Official Form 1	1 06 J-2	2	2b.	\$	
22	c. Add line 22a and	22b. The result	is your monthly e	expenses.		2	.2c.	\$	1,990.00
23. Cal	culate your monti	nly net income.						_	1,992.35
23a	. Copy line 12 (yo	our combined mo	nthly income) fro	m Schedule I.		2	23a.	\$	1,992.00
23b	. Copy your mont	hly expenses fro	m line 22c above			2	23b.	-\$	1,990.00
23c	•	onthly expenses or monthly net inc	•	ly income.		:	23c.	\$	2.35
24. Do	you expect an inc	rease or decrea	se in your expe	nses within the year a	after you f	file this form?			
	• • •	•		loan within the year or a modification to the ter	-	· -			
Ø	No.								
	Yes. Explain h	ere:							

Official Form 106J

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				_	
	mation to identif	y your case:			
	atrina		Franklin		
	st Name	Middle Name	Last Name		
btor 2 ouse, if filing) Firs	st Name	Middle Name	Last Name		
ited States Banl	kruptcy Court for the	e: District of Nevada			
se number					
fknown)					Check if this is amended filing
	orm 1060		Individual De	btor's Schedules	12/15
f two married	l people are filin	g together, both are e	equally responsible for suppl	ing correct information.	
	ay or agree to pa	ay someone who is N	OT an attorney to help you fi	l out bankruptcy forms?	
☑ No		ay someone who is N		, ,	ation and
☑ No	ay or agree to particular agreement of person	ay someone who is N		I out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration	ation, and
Mo □ Yes. N	Name of person	I declare that I have n	,,	Attach Bankruptcy Petition Preparer's Notice, Declar	ation, and
Under per that they a	Name of person	I declare that I have n	,,	Attach Bankruptcy Petition Preparer's Notice, Declara Bignature (Official Form 119).	ation, and
Under penthat they a	Name of person	I declare that I have n	ead the summary and sched	Attach Bankruptcy Petition Preparer's Notice, Declara Bignature (Official Form 119).	ation, and

ebtor 1	Catrina			Franklin		
ebtor 2	First Name	Middl	le Name	Last Name		
·	ng) First Name		le Name	Last Name		
	es Bankruptcy Court for th	ie: District	of Nevada			
ise numbe known)	er					Check if this is ar amended filing
	· · · · · · · · · · · · · · · · · · ·					arrierided ining
امنمنا	Corm 107					
	Form 107	ancia	l Affai	re for Indiv	iduals Filing for Bank	
					ı together, both are equally responsible m. On the top of any additional pages, w	
	known). Answer ever	-	•			•
art 1:	Give Details Abou	ut Your R	Marital Sta	tus and Where Y	ou Lived Before	
What is		l atatua?				
_	s your current marita	ıı status?				
Mai	rried t married					
LI Not	t mamed					
During	the leaf 2 means have	12	d aba	athan than subana sa	arr live new?	
•	the last 3 years, hav	e you live	d anywhere	other than where y	ou live now?	
□ No	•		_	-		
□ No	•		_	-		
☐ No ☐ Yes	•		_	-		Dates Debtor 2 lived there
□ No ☑ Yes	s. List all of the places		_	years. Do not include Dates Debtor 1	e where you live now. Debtor 2:	lived there
☐ No	s. List all of the places	you lived	_	years. Do not include Dates Debtor 1 lived there	where you live now.	lived there
☐ No 1 Yes	s. List all of the places	you lived	_	years. Do not include Dates Debtor 1 lived there From	e where you live now. Debtor 2:	lived there Same as Debtor From
☐ No 1 Yes	s. List all of the places lebtor 1: 4113 Keasberry	you lived	_	years. Do not include Dates Debtor 1 lived there	Debtor 2: Same as Debtor 1	lived there Same as Debtor
No Se Yes	s. List all of the places lebtor 1: 4113 Keasberry	you lived	in the last 3	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1	lived there Same as Debtor From
No Se Yes	s. List all of the places lebtor 1: 4113 Keasberry	/ Ave.	_	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1	lived there ☐ Same as Debtor From To
No Se Yes	s. List all of the places lebtor 1: 4113 Keasberry Number Street N. Las Vegas	/ Ave.	in the last 3 the last	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street	Iived there Same as Debtor From To Code
No Se Yes De	s. List all of the places lebtor 1: 4113 Keasberry Number Street N. Las Vegas	Ave.	89081	years. Do not include Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City State ZIP	Iived there Same as Debtor From To Code Same as Debtor
No Se Yes	s. List all of the places lebtor 1: 4113 Keasberry lumber Street N. Las Vegas City	Ave.	89081	years. Do not include Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City State ZIP	Iived there Same as Debtor From To Code Same as Debtor From
No Se Yes	s. List all of the places lebtor 1: 4113 Keasberry Vumber Street N. Las Vegas City 7960 Marblehead	Ave.	89081	years. Do not include Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City State ZIP	Iived there Same as Debtor From To Code Same as Debtor
No Se Yes Da	s. List all of the places lebtor 1: 4113 Keasberry Vumber Street N. Las Vegas City 7960 Marblehead	Ave.	89081	years. Do not include Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City State ZIP	Iived there Same as Debtor From To Code Same as Debtor From
No So Yes Da A	s. List all of the places lebtor 1: 4113 Keasberry Number Street N. Las Vegas City 7960 Marblehead Number Street	/ Ave. NV State Way #2	89081 ZIP Code	years. Do not include Dates Debtor 1 lived there From To From	Debtor 2: Same as Debtor 1 Number Street City State ZIP (Number Street	Ilved there Same as Debtor From To Code Same as Debtor From
No Se Yes Da A A A A A A A A A A A A A A A A A A	s. List all of the places lebtor 1: 4113 Keasberry lumber Street N. Las Vegas City 7960 Marblehead lumber Street Las Vegas City	y Ave. NV State NV State	89081 ZIP Code	years. Do not include Dates Debtor 1 lived there From To From To To	Debtor 2: Same as Debtor 1 Number Street City State ZIP of Same as Debtor 1 Number Street	Ilved there Same as Debtor From To Code Same as Debtor From To IP Code
No Por Yes Do	s. List all of the places lebtor 1: 4113 Keasberry Number Street N. Las Vegas City 7960 Marblehead Number Street Las Vegas City the last 8 years, did	/ Ave. NV State NV State NV State	89081 ZIP Code 89128 ZIP Code	years. Do not include Dates Debtor 1 lived there From To From To pouse or legal equi	Debtor 2: Same as Debtor 1 Number Street City State ZIP (Number Street	Ilved there Same as Debtor From To Code Same as Debtor From To IP Code territory? (Community property
No Se Yes De Control of the Control	s. List all of the places lebtor 1: 4113 Keasberry Number Street N. Las Vegas City 7960 Marblehead Number Street Las Vegas City the last 8 years, did and territories include	/ Ave. NV State NV State NV State	89081 ZIP Code 89128 ZIP Code	years. Do not include Dates Debtor 1 lived there From To From To pouse or legal equi	E where you live now. Debtor 2: Same as Debtor 1 Number Street City State ZIP of Same as Debtor 1 Number Street City State ZIP of	Ilved there Same as Debtor From To Code Same as Debtor From To IP Code territory? (Community property
No See No	s. List all of the places lebtor 1: 4113 Keasberry Number Street N. Las Vegas City 7960 Marblehead Number Street Las Vegas City the last 8 years, did and territories include	NV State NV State NV State	89081 ZIP Code 89128 ZIP Code live with a scalifornia, Ida	pates Debtor 1 lived there From To From To pouse or legal equiano, Louisiana, Nevariano,	E where you live now. Debtor 2: Same as Debtor 1 Number Street City State ZIP of Same as Debtor 1 Number Street City State ZIP of State Zip of Same as Debtor 1	Ilved there Same as Debtor From To Code Same as Debtor From To IP Code territory? (Community property

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ebtor 1	Catrina	Franklin	Case nur	nber (if known)	
	First Name Middle Name Last N	tarne			
Fill i	you have any income from employment on the total amount of income you received ou are filing a joint case and you have inco	l from all jobs and all busi	nesses, including part-tin	ne activities.	ndar years?
	No Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of Income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions an exclusions)
	From January 1 of current year until	Wages, commissions, bonuses, tips	s13,724.50	Wages, commissions, bonuses, tips	\$
	the date you filed for bankruptcy:	Operating a business		Operating a business	
	For last calendar year:	Wages, commissions, bonuses, tips	s 34,311.25	Wages, commissions, bonuses, tips	\$
	(January 1 to December 31, 2016 YYYY	Operating a business	-	Operating a business	
	For the calendar year before that:	☐ Wages, commissions,		Wages, commissions,	
	(January 1 to December 31, 2015	bonuses, tips Operating a business	s 13,440.00	bonuses, tips Operating a business	\$
4	each source and the gross income from e	each source separately. D	o not include income tha	t you listed in line 4.	
	Yes. Fill in the details.	Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source
	From January 1 of current year until		\$		(before deductions a
	From January 1 of current year until the date you filed for bankruptcy:		\$ \$		(before deductions a
			\$ \$ \$		(before deductions a
			\$ \$ \$		(before deductions ar
	For last calendar year: (January 1 to December 31,2016)		\$ \$ \$ \$		(before deductions at exclusions) - \$
	the date you filed for bankruptcy: For last calendar year:		\$ \$ \$ \$ \$		(before deductions ar exclusions) \$
	For last calendar year: (January 1 to December 31, 2016		\$ \$ \$ \$ \$		(before deductions ar exclusions) - \$
	For last calendar year: (January 1 to December 31,2016)		\$\$ \$\$ \$\$ \$\$		(before deductions as exclusions) - \$

Debtor 1	Catrina		Franklin	Case	number (# known)	
	First Name Middle Name	Last Name				
	_					
Part 3:	List Certain Paymen	ts You Made Befor	re You Filed	for Bankruptcy		
6 Areei	ther Debtor 1's or Debtor	2's debts primarily c	onsumer debi	ls?		
_		•				1(0)
U №	incurred by an individua				re defined in 11 U.S.C. § 10	i(o) as
	During the 90 days before	re you filed for bankru	otcy, did you p	ay any creditor a total of	\$6,425* or more?	
	No. Go to line 7.					
	☐ Voc. List below each	h craditor to whom you	naid a total of	\$6 425* or more in one	or more payments and the	
	total amount yo	ou paid that creditor. Do	o not include p	ayments for domestic si	pport obligations, such as	
	• •	- ·		nents to an attorney for	· ·	
	•	-	-		after the date of adjustment.	
2 Ye	es. Debtor 1 or Debtor 2 o					
	During the 90 days before	re you filed for bankrup	ptcy, did you p	ay any creditor a total of	\$600 or more?	
	No. Go to line 7.					
	☐ Yes. List below each	h creditor to whom you	paid a total of	\$600 or more and the to	otal amount you paid that	
	creditor. Do no	t include payments for	domestic supp	oort obligations, such as	child support and	
	alimony. Also,	do not include paymen	ts to an attorn	ey for this bankruptcy ca	ISC.	
			Dates of	Total amount paid	Amount you still owe	Was this payment for
			payment	·	•	
				s	\$	☐ Mortgage
	Creditor's Name			·		Car
						Credit card
	Number Street					Loan repayment
						Suppliers or vendors
						Other
	City	State ZIP Code				Cuter
	Creditor's Name		**	\$	\$	■ Mortgage
	•••••					Car
	Number Street					Credit card
						Loan repayment
						Suppliers or vendors
	City	State ZIP Code				☐ Other
					•	
	Creditor's Name			\$	\$	☐ Mortgage
						Car
	Number Street		-			Credit card
						Loan repayment
						Suppliers or vendors
	C**.	Ctoto 71D Codo				Other

ZIP Code

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or 1	Catrina		Franklin		Case number (if known)	
	First Name Middle	Name Last Name		•		
						and the state of t
Inside corpo	ers include your relative prations of which you a	are an officer, director, pe	; relatives of any or rson in control, or	general partners; p owner of 20% or	partnerships of which more of their voting	h you are a general partner; securities; and any managing
_	t, including one for a b as child support and a		a sole proprietor.	11 U.S.C. § 101. lr	nclude payments for	domestic support obligations,
		aminony.				
⊠ N	lo 'es. List all payments t	a an incider				
	es. List all payments t	o all filstoci.	Dates of	Total amount	Amount you still	Reason for this payment
			payment	paid	owe	
				•	\$	
	Insider's Name			Ψ	_ Ψ	
			_			
	Number Street					
	City	State ZIP Code	_			
				s	\$	
	Insider's Name			*		
	Number Street					
	Number Steet					
						
	City	State ZIP Code				
Withi	in 1 year before you t	filed for bankruptcy, did	l you make any p	ayments or trans	sfer any property o	n account of a debt that benefit
	sider?		hu an innidae			
		guaranteed or cosigned	by an insider.			
₹ N						
∐ Y	es. List all payments t	that benefited an insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
				,		Include creditor's name
	Insider's Name			\$	_ \$	
	Number Street					
	City	State ZIP Code				
				\$	_ \$	
	Insider's Name					
						
	Number Street					
	City	State ZIP Code				

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Debtor 1	Catrina		Franklin	Case number (if known)_		
	First Name Middle Name	Last Name				
Part 4						- 412
				lawsuit, court action, or admin divorces, collection suits, patern		
	contract disputes.					
A						
U Y	es. Fill in the details.			_		
		Nature	of the case	Court or agency		Status of the case
	Case title			Court Name		Pending
				Court Name		On appeal
		 		Number Street		Concluded
	Case number					
				City State	ZIP Code	
						— Pending
	Case title			Court Name		On appeal
				Number Street		Concluded
				Number Sueet		Concidued
	Case number			City State	ZIP Code	
	No. Go to line 11. Yes. Fill in the information b	pelow.	Describe the prop	erty	Date	Value of the property
	Creditor's Name		_			\$
	Cleditor's Name				•	
	Number Street		Explain what happ	ened		
			☐ Property was	s repossessed.		
	-14	.	Property was			
		700-4	Property was Property was			
	City	State ZIP Code	Describe the prope	s attached, seized, or levied.	Date	Value of the property
			Describe the prop	erty	Date	value of the property
						\$
	Creditor's Name		_			
			_			
	Number Street		Explain what happ	pened		
			_ Property was	s repossessed.		
				s foreclosed.		
	City	State ZIP Code	Property was	s garnished.		

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1	Catrina	Franklin	Case number (if known)	
•		ast Name	Case Harrison (II Albani)	
			ank or financial institution, set off any ar	nounts from your
	unts or refuse to make a payment b	pecause you owed a debt?		
Z N				
☐ Y	es. Fill in the details.			
		Describe the action the creditor took	Date action	Amount
			was taken	
č	reditor's Name			
				\$
N	umber Street			
				
c	ity State ZIP Code	Last 4 digits of account number: XX	xxx_	
•	. ,	East 4 digita of account number. 70	···	
MILL	in down before you filed for books			E4 of
	in 1 year before you filed for bankfi itors, a court-appointed receiver, a		possession of an assignee for the benef	II OT
		Coolding, or another officials		
U Y	'es			
art 5:	List Certain Gifts and Contri	ihutions		
nt J.	List Certain Girts and Goitti			
	-	ruptcy, did you give any gifts with a to	tal value of more than \$600 per person?	
2				
☐ Y	es. Fill in the details for each gift.			
	Gifts with a total value of more than \$60 per person	O Describe the gifts	Dates you gave the gifts	Value
	por portion			
ĕ	Person to Whom You Gave the Gift	<u></u>		\$
•	Brach to Whom You dave the Gift			
_		<u> </u>		\$
N	lumber Street	**************************************		
<u> </u>	City State ZIP Code			
_				
P	Person's relationship to you	<u> </u>		
	Gifts with a total value of more than \$600	Describe the gifts	Dates you gave the gifts	Value
P	per person		រោម ឬរបេ	
				_
F	Person to Whom You Gave the Gift	<u> </u>		\$
	-			
_		<u> </u>		\$
-	strendor Street	<u> </u>		
,	Number Street			
_		<u></u>		
7	City State ZIP Code	•		
-	Person's relationship to you			
-	crocit a relationality to you	<u>—</u>		

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Debtor 1	Catrina		Franklin	Case number (if known)	
	First Name	Middle Name Last	Name		
4. Wit	hin 2 years befo	re you filed for bankrup	tcy, did you give any gifts or contribu	itions with a total value of more than \$	600 to any charity?
Z					
	Yes. Fill in the de	etails for each gift or cont	ribution.		
		tions to charities	Describe what you contributed	Date you contributed	Value
	that total more t	nan \$600		Communed	
					\$
	Charity's Name				Ψ
					\$
	Number Street				
	City State	ZIP Code			
Part 6	List Cert	ain Losses			
					· · · · · · · · · · · · · · · · · · ·
	thin 1 year befor aster, or gambli		tcy or since you filed for bankruptcy,	did you lose anything because of theft	, tire, other
	No				
	Yes. Fill in the d	etails.		*	
	December the new	anastrono lantand	Departure and insurance assumes for the	ne loss Date of your	Value of property
	how the loss oc	operty you lost and curred	Describe any insurance coverage for the Include the amount that insurance has pa	loss	lost
			claims on line 33 of Schedule A/B: Propel	rty.	
					\$
Part 7	List Certa	in Payments or Tran	sfers		
16. Wi i	thin 1 year befor	re you filed for bankrup	tcy, did you or anyone else acting on	your behalf pay or transfer any proper	ty to anyone
you	u consulted abo	ut seeking bankruptcy	or preparing a bankruptcy petition?		-
		s, bankruptcy petition pr	eparers, or credit counseling agencies for	or services required in your bankruptcy.	
	No				
	Yes. Fill in the d	etails.			
			Description and value of any property	transferred Date payment of transfer was	r Amount of payment
	Person Who Was F	Paid		made	
	Number Street				s
					·
				visida entidades	\$
	City	State ZIP Code			
	Email or website ac	ddress			

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r 1		Franklin	Case number (if known)		
	First Name Middle Name Last	Name	•		
		Description and value of any property	transformed	Date payment or	Amount of
		Description and value of any property	u ansierre u	transfer was made	payment
	Person Who Was Paid				
				****	\$
	Number Street				
					\$
	City State ZIP Code				
	Email or website address				
	Person Who Made the Payment, if Not You				
	iin 1 year before you filed for bankrup			ansfer any property t	o anyone who
	nised to help you deal with your credi		editors?		
Do r	ot include any payment or transfer that y	ou listed on line 16.			
1	No				
_	Yes. Fill in the details.				
	res. Fill in the details.				
		Description and value of any property	transferred	Date payment or	Amount of payr
				transfer was made	
	Person Who Was Paid	-			
					\$
	Number Street				Ψ
	Number Street	_			· ·
	Number Street	-			\$
	Number Street City State ZIP Code	- - -			· ·
M ini	City State ZIP Code	- - ntry did you sell trade or otherwise	e transfer any propert	v to anyone other th	\$
	City State ZIP Code		e transfer any propert	y to anyone, other th	\$
tran	City State ZIP Code nin 2 years before you filed for bankru sferred in the ordinary course of your	business or financial affairs?			\$an property
tran Inck	City State ZIP Code nin 2 years before you filed for bankru sferred in the ordinary course of your ude both outright transfers and transfers	business or financial affairs? made as security (such as the granting			\$an property
tran Inck Do !	City State ZIP Code nin 2 years before you filed for bankru; sferred in the ordinary course of your ude both outright transfers and transfers on tinctude gifts and transfers that you ha	business or financial affairs? made as security (such as the granting			\$an property
tran Inck Do I	City State ZIP Code nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers of not include gifts and transfers that you ha	business or financial affairs? made as security (such as the granting			\$an property
nck Do i	City State ZIP Code nin 2 years before you filed for bankru; sferred in the ordinary course of your ude both outright transfers and transfers on tinctude gifts and transfers that you ha	business or financial affairs? made as security (such as the granting			\$an property
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers of not include gifts and transfers that you ha	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers on to include gifts and transfers that you ha No Yes. Fill in the details.	business or financial affairs? made as security (such as the granting we already listed on this statement.	of a security interest or	r mortgage on your pro	\$an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers of not include gifts and transfers that you ha	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers on to include gifts and transfers that you ha No Yes. Fill in the details.	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers on to include gifts and transfers that you ha No Yes. Fill in the details.	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankrup sferred in the ordinary course of your de both outright transfers and transfers of not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
nck Do i	City State ZIP Code nin 2 years before you filed for bankrup sferred in the ordinary course of your de both outright transfers and transfers of not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankrup sferred in the ordinary course of your de both outright transfers and transfers of not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankru; sferred in the ordinary course of your ude both outright transfers and transfers on include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankru; sferred in the ordinary course of your ude both outright transfers and transfers on include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankru; sferred in the ordinary course of your ude both outright transfers and transfers to tinclude gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
nck Do i	City State ZIP Code nin 2 years before you filed for bankru; sferred in the ordinary course of your ude both outright transfers and transfers to tinclude gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers of not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers of not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankru; sferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer City State ZIP Code Person's relationship to you Person Who Received Transfer	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankru; sferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer City State ZIP Code Person's relationship to you Person Who Received Transfer	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).
ran nck Do i	City State ZIP Code nin 2 years before you filed for bankru; sferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer City State ZIP Code Person's relationship to you Person Who Received Transfer	business or financial affairs? made as security (such as the granting re already listed on this statement. Description and value of property	of a security interest or	r mortgage on your pro	an property operty).

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	First Name Middle Nam	ne Last Name				
		iled for bankruptcy, did you		rty to a self-settled trus	t or similar device of w	hich you
	• `	e often called asset-protection	devices.)			
	No (es. Fill in the details.					
	es. I ili ili tre details.					
		Description	and value of the prop	erty transferred		Date transfer was made
1	lame of trust					
-						
art 8:	List Cortain Financ	cial Accounts, Instrume	nts, Safe Deposi	t Boxes, and Storag	e Units	
o. With	in 1 year before you file	ed for bankruptcy, were any	financial accounts	or instruments held in	vour name, or for your	benefit.
	ed, sold, moved, or tran				, , , ,	,
		money market, or other final		-	ires in banks, credit un	ions,
Dron	•	funds, cooperatives, associ	auons, and other t	nanciai institutions.		
	ves. Fill in the details.					
		Last 4 digit	s of account number	Type of account or	Date account was	Last balance before
				instrument	closed, sold, moved, or transferred	closing or transfer
	Name of Financial Institution	XXXX		☐ Checking	<u> </u>	\$
	Number Street			Savings		
				Money market		
				☐ Brokerage		
	City Sta	te ZIP Code		Other		
	Name of Financial Institution	XXXX- <u></u>		Checking		\$
				☐ Savings		
	Number Street			Money market		
				☐ Brokerage		
	City Sta	te ZIP Code		Other		
_	•					•
-	you now have, or did yo urities, cash, or other va	u have within 1 year before :	you filed for bankri	ipτcy, any sare deposit	box or other depositor	у тог
4						
.	Yes. Fill in the details.					
		Who else h	ad access to it?	Describe th	e contents	Do you sti have it?
						☐ No ☐ Yes
	Name of Financial Institution	Name				□ 162
	Number Street	Number Ch	net			
	Number Street	Number Str	eet			

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btor 1	Catrina	Franklin	Case number (# known)	
	First Name Middle Name	e Last Name		
Ø N	0	storage unit or place other than your home wit	thin 1 year before you filed for bankrupto	y?
☐ Ye	es. Fill in the details.	Who else has or had access to it?	Describe the contents	Do you still have it?
				□ No
	Name of Storage Facility	Name		Yes
	Number Street	Number Street		
		CityState ZIP Code		
	City State	ZIP Code		
Part 9:	Identify Property	y You Hold or Control for Someone Else		
_	ou hold or control any pool in trust for someone.	roperty that someone else owns? Include any p	property you borrowed from, are storing	for,
☑ •	ło			
.	es. Fill in the details.	Where is the property?	Describe the property	Value
				_
	Owner's Name			>
		Number Street		
	Number Street	Number Street		
		City State 78	P Code	
Part 10	City State	City State Zi	P Code	
	City State City Details Abo	City State Zi Ourt Environmental information	P Code	
or the Envi	City State C: Give Details Abor purpose of Part 10, the fi ironmental law means an irdous or toxic substance	City State Zii	oncerning pollution, contamination, release	
For the Envi Envi haza inclu	City State City Details Abo purpose of Part 10, the fi ironmental law means an irrdous or toxic substance iding statutes or regulation means any location, faci	City State Zi ourt Environmental information following definitions apply: ny federal, state, or local statute or regulation comes, wastes, or material into the air, land, soil, s	oncerning pollution, contamination, release surface water, groundwater, or other med es, wastes, or material.	lium,
For the Envi haza inclu Site utiliz	City State City Details Abo purpose of Part 10, the fi fronmental law means an indous or toxic substance ding statutes or regulation means any location, faci the it or used to own, oper ardous material means as	city State Zincer City State Zincer Environmental Information following definitions apply: ny federal, state, or local statute or regulation cres, wastes, or material into the air, land, soil, soins controlling the cleanup of these substance lifty, or property as defined under any environments.	oncerning pollution, contamination, release urface water, groundwater, or other med es, wastes, or material. nental law, whether you now own, operat	lium, se, or
For the Envi haza inclu Site utiliz Haza subs	City State City State City Details Abo purpose of Part 10, the fi frommental law means an erdous or toxic substance uding statutes or regulation means any location, facing it or used to own, open erdous material means and stance, hazardous material means and stance, hazardous material.	City State Zincote Collowing definitions apply: It federal, state, or local statute or regulation or less, wastes, or material into the air, land, soil, soi	oncerning pollution, contamination, release surface water, groundwater, or other med es, wastes, or material. nental law, whether you now own, operat ardous waste, hazardous substance, tox	lium, se, or
For the Envi haza inclu Site utiliz Haza subs	City State City Details Abo purpose of Part 10, the fi fronmental law means an erdous or toxic substance uding statutes or regulation means any location, facing it or used to own, open ardous material means as stance, hazardous material inotices, releases, and	city State Zincer City City Federal, state, or local statute or regulation cres, wastes, or material into the air, land, soil, sions controlling the cleanup of these substance City, or property as defined under any environmental, or utilize it, including disposal sites. In the city City City City City City City City C	oncerning pollution, contamination, release surface water, groundwater, or other med es, wastes, or material. nental law, whether you now own, operat ardous waste, hazardous substance, tox of when they occurred.	lium, te, or ic
For the Envi hazz inclu Site utiliz Hazz subs Report	City State City State City State City State City State City State City Details Abo purpose of Part 10, the fi fronmental law means an ardous or toxic substance adding statutes or regulati means any location, faci tee it or used to own, open ardous material means an stance, hazardous materi all notices, releases, and any governmental unit ne	city State Zincote out Environmental Information following definitions apply: ny federal, state, or local statute or regulation cres, wastes, or material into the air, land, soil, soil, soins controlling the cleanup of these substance like, or property as defined under any environmental, or utilize it, including disposal sites. mything an environmental law defines as a hazzial, pollutant, contaminant, or similar term.	oncerning pollution, contamination, release surface water, groundwater, or other med es, wastes, or material. nental law, whether you now own, operat ardous waste, hazardous substance, tox of when they occurred.	lium, te, or ic
For the Envi hazz inclu Site utiliz Hazz subs Report	City State City Betails Abo purpose of Part 10, the fi frommental law means an endous or toxic substance uding statutes or regulation means any location, facine it or used to own, open ardous material means as stance, hazardous material in otices, releases, and any governmental unit new No.	city State Zincote out Environmental Information following definitions apply: ny federal, state, or local statute or regulation cres, wastes, or material into the air, land, soil, soil, soins controlling the cleanup of these substance like, or property as defined under any environmental, or utilize it, including disposal sites. mything an environmental law defines as a hazzial, pollutant, contaminant, or similar term.	oncerning pollution, contamination, release surface water, groundwater, or other med es, wastes, or material. nental law, whether you now own, operat ardous waste, hazardous substance, tox of when they occurred.	lium, te, or ic
For the Envi hazz inclu Site utiliz Hazz subs Report 24. Has	City State City State City State City State City Details Abor purpose of Part 10, the fi fronmental law means an ardous or toxic substance uding statutes or regulati means any location, faci tee it or used to own, oper ardous material means a stance, hazardous materi all notices, releases, and any governmental unit new No Yes. Fill in the details.	city State Zillout Environmental Information following definitions apply: ny federal, state, or local statute or regulation of the earth and soil, s	oncerning pollution, contamination, releasurface water, groundwater, or other medes, wastes, or material. mental law, whether you now own, operate ardous waste, hazardous substance, tox of when they occurred.	lium, se, or ic nmental law?
For the Environment Site utiliz Haza subs Report 24. Has	City State City State City State City State City State City State City Details Abo purpose of Part 10, the fi fronmental law means an ardous or toxic substance ding statutes or regulati means any location, faci re it or used to own, oper ardous material means an stance, hazardous materi all notices, releases, and any governmental unit notices. Fill in the details.	City State Zillout Environmental Information following definitions apply: ny federal, state, or local statute or regulation cress, wastes, or material into the air, land, soil, sions controlling the cleanup of these substance likity, or property as defined under any environmental, or utilize it, including disposal sites. mything an environmental law defines as a hazzinal, pollutant, contaminant, or similar term. It is proceedings that you know about, regardless of otified you that you may be liable or potentially governmental unit	oncerning pollution, contamination, releasurface water, groundwater, or other medes, wastes, or material. mental law, whether you now own, operate ardous waste, hazardous substance, tox of when they occurred.	lium, se, or ic nmental law?
E Envi hazz inck Site utiliz Hazz subs Report 24. Has	City State City State City State City State City Details Abor purpose of Part 10, the fi fronmental law means an ardous or toxic substance uding statutes or regulati means any location, faci tee it or used to own, oper ardous material means a stance, hazardous materi all notices, releases, and any governmental unit new No Yes. Fill in the details.	city State Zillout Environmental Information following definitions apply: ny federal, state, or local statute or regulation of the earth and soil, s	oncerning pollution, contamination, releasurface water, groundwater, or other medes, wastes, or material. mental law, whether you now own, operate ardous waste, hazardous substance, tox of when they occurred.	lium, se, or ic nmental law?

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эг 1	Catrina		Franklin	Case number (if known)	
<i>a</i> .	First Name Middle Name	e Last	Name	Case Hamber (# Abban)	
Have	you notified any govern	imental unit of	f any release of hazardous mat	erial?	
S N	lo				
Q Y	es. Fill in the details.				
			Governmental unit	Environmental law, if you know it	Date of notice
				•	
	Name of site		Governmental unit		
	Number Street		Number Street		
			City State ZIP Code		
	City State	e ZIP Code			
Have	you been a party in any	judicial or ad	lministrative proceeding under	any environmental law? Include settle	ements and orders.
Ø,	lo				
O Y	es. Fill in the details.				
			Court or agency	Nature of the case	Status of the
			Court or agency	Nature of the case	case
c	Case title		_		
			Court Name		L Pending
					On appea
-			Number Street		Conclude
7	Case number	•	City State ZIP		
			City State 21	Code	
) () ()	A sole proprietor or sA member of a limitedA partner in a partner	self-employed d liability com rship	in a trade, profession, or other pany (LLC) or limited liability p	or have any of the following connection activity, either full-time or part-time artnership (LLP)	·
	· · · · · · · · · · · · · · · · · · ·		xecutive of a corporation		
Ţ	An owner of at least !	5% of the voti	ng or equity securities of a corp	poration	
4	No. None of the above a	anlina Cata	3ant 42		
	•	-			
— 1	гоз. Споск ан итах арргу	anote and M	I in the details below for each t		ication number
			Describe the nature of the busi	• •	cauon number ocial Security number or ITIN.
	Business Name		-	Do not include 3	oom occurry number of this.
				EIN: -	
	Number Street		-		
			Name of accountant or bookke	eper Dates business e	existed
			_		
				From	_ То
	City Stat	te ZIP Code	-		
	,		Describe the nature of the busi	iness Employer Identif	ication number
					ocial Security number or ITIN.
	Business Name				
				EIN:	
				EH1	
	Number Street	·	-		
	Number Street	· · · · · · · · · · · · · · · · · · ·	- Name of accountant or bookke		
	Number Street		Name of accountant or bookke		
	Number Street		Name of accountant or bookke	peper Dates business of	existed
	Number Street City State	te ZIP Code	Name of accountant or bookke		existed

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Debtor 1	Catrina			Franklin		Case number (if known)			
	First Name	Middle Name	Last Na	me	— —				
				Describe the set-	ure of the business		Employer Identification number		
				Pescime nie ikin	me of the publicas		Do not include Social Security number or ITIN.		
	Business Name								
							EIN:		
	Number Street			Name of account	ant or bookkeeper		Dates business existed		
					·				
	011	State 2	7P Code				From To		
	City	State 2	LIP Code						
	-	-		cy, aid you give a	a Tinanciai Statemen	t to anyone at	oout your business? Include all financial		
insi	itutions, credit	ors, or ouner p	arues.						
	No								
	Yes. Fill in the	details below.							
				Date issued					
	Name			MM / DD / YYYY					
	Number Street								
	City	State 2	ZIP Code						
Part 1	2: Sign Bei	ow							
							clare under penalty of perjury that the		
							ty, or obtaining money or property by fraud up to 20 years, or both.		
	U.S.C. §§ 152,								
	_4								
	\cdot \cdot	-		. 40	•				
7	Car	~ ~-	<u>ر</u>	<u> </u>					
	Signature of Del	btor 1			Signature of Debtor 2				
	Date 05/13/2017 Date								
Di	d you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?								
	,					_			
₹									
L	Yes								
Di	d you pay or ag	ree to pay sor	neone who	is not an attorne	ey to help you fill ou	it bankruptcy f	forms?		
	No								
	Yes. Name of	person				Attac	ch the Bankruptcy Petition Preparer's Notice,		
_							laration, and Signature (Official Form 119).		

Official Form 107

	Case	17-13219-IIIKII	DOC 1	Entereu 0	6/15/17 09:25:50	Page 63 of	09
Fill in this in	nformation to iden	tify your case:			1		
Debtor 1	Catrina First Name	Middle Name	Frank Last Nam				
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Nam	ne			
United States Case number (If known)		the: District of Nevada				C	Check if this is an amended filing
Officia	al Form 108	<u>3</u>					
State	ement of	Intention	for Inc	lividual	s Filing Und	er Chapte	r 7 12/15
■ credite	ors have claims s	g under chapter 7, you i ecured by your property al property and the leas	, or				

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill In the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? Creditor's ☐ Surrender the property. ☐ No name: Retain the property and redeem it. ☐ Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: □ No Creditor's ☐ Surrender the property. name: Retain the property and redeem it. ☐ Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: Creditor's ☐ No ☐ Surrender the property. name: Retain the property and redeem it. Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: Creditor's ☐ No ☐ Surrender the property. name: Retain the property and redeem it. ☐ Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: _

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Franklin Catrina Debtor 1 Case number (If known) Part 2: **List Your Unexpired Personal Property Leases** For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Describe your unexpired personal property leases Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Sign Below Part 3: Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Signature of Debtor 1

Signature of Debtor 2

Date 05/13/2017

MM / DD / YYYY

Date MM / DD / YYYY

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Fill in this information to identify your case:				Chack and have	only as directed in this form an	d in
				Form 122A-1Sup		G-111
Debtor 1 Catrina First Name Middle Name	Franklin Last Name		-	1 There is no	presumption of abuse.	
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		1 1	_	tion to determine if a presumptio	n of
United States Bankruptcy Court for the: District of Nevada				abuse appli	es will be made under Chapter 7 t Calculation (Official Form 122A	
Case number(If known)					Test does not apply now because	
(ii xilowi)				qualitied mil	litary service but it could apply la	ter.
				☐ Check if this	is an amended filing	
Official Form 122A–1						
Chapter 7 Statement of You	r Curre	ent Mo	nthl	y Income	•	12/15
space is needed, attach a separate sheet to this form. In additional pages, write your name and case number (if is do not have primarily consumer debts or because of quadbuse Under § 707(b)(2) (Official Form 122A-1Supp) with Part 1: Calculate Your Current Monthly Incom	known). If you alifying milita h this form.	u believe tha	t you are	exempted from a	a presumption of abuse becau	se you
 What is your marital and filing status? Check one on Not married. Fill out Column A, lines 2-11. 	ily.					
☐ Married and your spouse is filing with you. Fill o	out both Colum	nns A and B,	lines 2-11	-		
☐ Married and your spouse is NOT filing with you.	. You and you	ur spouse ai	e:			
Living in the same household and are not in the same household and are not in the same household.	egally separa	rted. Fill out I	ooth Colu	mns A and B, lines	s 2-11.	
Living separately or are legally separated. I under penalty of perjury that you and your spo spouse are living apart for reasons that do not	use are legali	y separated	under non	bankruptcy law tha	at applies or that you and your	•
Fill In the average monthly income that you receive bankruptcy case. 11 U.S.C. § 101(10A). For example August 31. If the amount of your monthly income variet Fill in the result. Do not include any income amount mo income from that property in one column only. If you ha	, if you are filir d during the 6 ore than once.	ng on Septen months, add For example	nber 15, the the incon , if both s	ne 6-month period ne for all 6 months pouses own the sa	would be March 1 through and divide the total by 6. ame rental property, put the	
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, bonuses, overtime, (before all payroll deductions).	and commis	sions		\$ <u>2,329.4</u> 7	\$	
 Alimony and maintenance payments. Do not include Column B is filled in. 	payments fro	om a spouse	f	\$	\$	
4. All amounts from any source which are regularly particle of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a splitted in. Do not include payments you listed on line 3.	t. Include regu d, your depen	ılar contribution dents, parent	ons s,	s	\$	
5. Net income from operating a business, profession, or farm	Debtor 1	Debtor 2				
Gross receipts (before all deductions)	\$	_ \$				
Ordinary and necessary operating expenses	- \$	\$	0			
Net monthly income from a business, profession, or far	m \$	_ \$	Copy here	\$	\$	
Net income from rental and other real property Gross receipts (before all deductions)	Debtor 1 \$	Debtor 2 \$				
Ordinary and necessary operating expenses	- \$	\$				
Net monthly income from rental or other real property	\$	_ \$	Copy here→	\$	\$	
7. Interest, dividends, and royalties				¢	\$	

ebtor 1	Catrina First Name Middle Name	Franklin	Case number (if known)_		
	FROM THE THIRD THE	Lass, I van He			
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8. Une n	nployment compensation		\$	\$	
	-	ontend that the amount received was a bene stead, list it here:	efit		
		\$\$	_		
	ion or retirement income. fit under the Social Security	Do not include any amount received that wa	 as a \$	\$	
Do no as a	ot include any benefits rece victim of a war crime, a crim	not listed above. Specify the source and a ived under the Social Security Act or payme e against humanity, or international or dome sources on a separate page and put the tot	ents received estic		
			\$	\$	
****			\$	\$	
Tota	al amounts from separate pa	ages, if any.	+ \$	+ \$	
		onthly income. Add lines 2 through 10 for e olumn A to the total for Column B.	\$ 2,329.47	\$	= \$\begin{align*} \sum_{3,329.47} \\ \text{Total current}
Part 2:	Determine Whether	the Means Test Applies to You			monthly income
2. Calcu	ilate your current monthly	income for the year. Follow these steps:			More commentation accordance and their law is the con-
12a.	Copy your total current mo	nthly income from line 11	C	opy line 11 here	\$ <u>2,329.47</u>
	Multiply by 12 (the number	of months in a year).			x 12
12b.	The result is your annual in	ncome for this part of the form.		12b.	\$ <u>27,953,6</u> 4
3. Calcı	ulate the median family in	come that applies to you. Follow these ste	eps:		
Fill in	the state in which you live.	Nevada			
Fill in	the number of people in yo	ur household. 4			
To fin	d a list of applicable media	or your state and size of household n income amounts, go online using the link s may also be available at the bankruptcy cle	specified in the separate	13.	<u>\$ 72,918.00</u>
4. How	do the lines compare?				
14a. [Line 12b is less than or Go to Part 3.	equal to line 13. On the top of page 1, check	k box 1, There is no presumptio	on of abuse.	
14b, Ū	Line 12b is more than lin	ne 13. On the top of page 1, check box 2, π Form 122A–2.	he presumption of abuse is dete	ermined by Form 122A	-2.
art 3:	Sign Below				
	By signing here, I declare	under penalty of perjury that the information	on on this statement and in any	attachments is true an	d correct
	* ($ \bigcirc_{-}$	*		a conco.
	Signature of Debtor 1		Signature of Debtor 2		
	Date 05/13/2017	r	Date		
			וווי טטיואה		
	If you checked line 14	a, do NOT fill out or file Form 122A–2.			
	If you checked line 14	b, fill out Form 122A-2 and file it with this fo	orm.		

AARGON AGENCY 8668 SPRING MOUNTAIN RD LAS VEGAS, NV 89117

ALLIED COLLECTION SERVICE 3080 S DURANGO DR STE 208 LAS VEGAS, NV 89117

AMERICAN MEDICAL COLLECTION AGENCY 4 WESTCHESTER PLAZA STE 110 ELMSFORD, NY 10523

CENTER FOR SIGHT 5840 W CRAIG RD STE 120 LAS VEGAS, NV 89130

COMMONWEALTH FINANCIAL SYSTEMS 245 MAIN ST DICKINSON CITY, PA 18519

COX COMMUNICATIONS 6205B PEACHTREE DUNWOODY RD NE ATLANTA, GA 30328

DOYNE MEDICAL CLINIC INC 1706 W BONANZA RD LAS VEGAS, NV 89106

FINANCIAL CORPORATION OF AMERICA 12515 RESEARCH BLVD BLDG 2 STE 100 AUSTIN, TX 78759

HEALTH FINANCIAL SERVICES ALCOA BILLING CENTER 3429 REGAL DR ALCOA, TN 37701

HLS OF NEVADA LLC 6767 W TROPICANA AVE STE 1 LAS VEGAS, NV 89103 LAS VEGAS ORAL SURGERY 7670 W LAKE MEAD BLVD STE 130 LAS VEGAS, NV 89128

LAS VEGAS VALLEY WATER DISTRICT 1001 S VALLEY VIEW BLVD LAS VEGAS, NV 89153

LINEBARGER GOGGAN BLAIR & SAMPSON 325 S MARYLAND PKWY LAS VEGAS, NV 89101

MONEYTREE 6720 FORT DENT WAY STE 230 SEATTLE, WA 98188

NEVADA CREDICO 3224 CIVIC CENTER DR N LAS VEGAS, 89030

NV ENERGY PO BOX 30086 ŘENO, NV 89520

PLUSFOUR 6345 S PECOS RD STE 212 LAS VEGAS, NV 89120

QUANTUM COLLECTIONS 3080 S DURANGO DR STE 105 LAS VEGAS, 89117

RAPID CASH PO BOX 780408 WICHITA, KS 67278

SANTANDER CONSUMER USA 8585 N STEMMONS FWY ST DALLAS, TX 75247 SECURITY FINANCIAL SERVICES PO BOX 3146 SPARTANBURG, SC 29304

TENDER DENTAL 5001 E BONANZA RD STE 160 LÁS VEGAS, NV 89110